



NURSING LEADERSHIP AND MANAGEMENT

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Nursing Leadership and Management

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Cerdas, Bahagia, Mulia, Lintas Generasi.

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FOREWORD



Our foremost and utmost gratitude to God The Almighty, for His abundant grace that allowed us, Deepublish Publisher to publish this book entitled ***NURSING LEADERSHIP AND MANAGEMENT***.

As a publisher that—above other missions—prioritizes its role to educate and glorify mankind, as well as to utilize science and technology to its best, we do not only attend to the work of established writers, but we provide the room and facility for people who wish to express their creativity and innovation in writing and conveying ideas and values.

Our warmest gratitude and appreciation to the authors who have given us trust and contribution to the perfection of this book. Hopefully, this book is useful, and educative, and contributes well in glorifying mankind and the utilization of science and technology in the country.

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CHAPTER I

BASIC CONCEPT OF LEADERSHIP

INTRODUCTION

Although the term leader has been in use since the 1300s, the word leadership was not known in the English language until the first half of the 19th century. Despite its relatively new addition to the English language, leadership has many meanings and there is no single definition broad enough to encompass the total leadership process. To examine the word leader, however, is to note that leaders lead. Leaders are those individuals who are out front, taking risks, attempting to achieve shared goals, and inspiring others to action. A leader is the person who influences and guides direction, opinion, and course of action.

KEY TERMS

Decision maker	Critical thinker
Coach	Change agent
Forecaster	Risk taker
Communicator	Buffer
Counselor	Diplomat
Influencer	Mentor
Evaluator	Advocate
Teacher	Role model
Creative problem solver	Energizer Visionary Innovator
Facilitator	

LEARNING OBJECTIVES

After reading the contents of this chapter, you should be able to

1. Explain of leadership in nursing management.

2. Identify of leadership style.
3. Apply theories, concepts, and principles of leadership in wards

A. Leadership in Nursing Management

Leadership is the process of valuing others to understand and agree on what needs to be done and how it can be done effectively, and the process of facilitating individual or group (collective) efforts to major goals. Leadership is an art and a process to influence and direct others so that they have the motivation to achieve goals in certain situations (Marquis Bessie L & Huston Carol J, 2017).

In general, it can be concluded that leadership is a process of influencing others in determining organizational goals. Motivating the behavior of followers to achieve goals, influencing to improve the group is carried out by someone who has the ability to understand the behavior of others without using force, so that the people they lead accept themselves as someone worthy of leading them.

Table 1.1. Characteristics Associated with Leadership*

Intelligence	Adaptability	Ability
Knowledge	Creativity	Able to enlist cooperation
Judgment	Cooperativeness	Interpersonal skills
Decisiveness	Alertness	Tact
Oral fluency	Self-confidence	Diplomacy
Emotional intelligence	Personal integrity	Prestige
Independence	Emotional balance and control	Social participation
Personable	Risk taking	Charisma

Adapted from (West, 2013)

B. Leadership Style

A leader has its own style in influencing its members. Leadership style is a characteristic possessed by a person in his role as a leader. Leadership style is a trait. habit. temperament, character and personality

that distinguishes a leader in interacting with others (Marquis Bessie L & Huston Carol J, 2017).

1. Autocratic leadership style

Authoritarian/Authoritarian Leadership Style is a style of leader who concentrates all decisions and policies taken from himself in full. All division of tasks and responsibilities is held by the authoritarian leader, while the subordinates only carry out the tasks that have been given.

Characteristics of autocratic leadership style include:

- a. The leader has absolute power that must be obeyed.
- b. The leader always plays a single player
- c. The leader is ambitious to dominate the situation
- d. Any command and policy are always self-defined
- e. Subordinates are never given detailed information about plans and actions to be taken.
- f. All praise and criticism of all subordinates are given for personal consideration.
- g. There is an attitude of exclusivism.
- h. The leader's attitudes and principles are very conservative, old-fashioned, strict and rigid
- i. This leader will be kind to subordinates if they obey.

2. Democratic leadership style

The democratic leadership type is the opposite of the authoritarian leader. Here the leader also mingles and is in the midst of its members.

The relationship that is created is also not rigid like superiors and subordinates, but like siblings. The leader always pays attention to the needs of the group and considers the ability of the group to carry out the task. Leaders also want to receive input and suggestions from his subordinates.

Indicators of democratic leadership style:

- a. The leadership authority is not absolute
- b. There is delegation of some authority to subordinates
- c. Decisions or policies are made jointly between leaders and subordinates
- d. Communication goes back and forth

- e. Supervision is carried out fairly
- f. Initiatives come from leaders and subordinates
- g. Extensive distribution of subordinate aspirations
- h. Assignments are assigned on request
- i. There is a balanced praise and criticism
- j. Leaders encourage subordinate achievement
- k. There is reasonable loyalty by subordinates
- l. Pay attention to the feelings of subordinates
- m. There is an atmosphere of mutual trust, respect and respect

3. Charismatic leadership style

The charismatic leadership type has extraordinary energy and appeal to be able to influence others, so it's no wonder that it has a large number of followers or masses. The charismatic nature possessed by the leader a gift from God. Charismatic leaders can be seen from the way they talk, walk and act.

4. Paternalistic leadership style

This type of leader has a fatherly nature, they assume that subordinates cannot be independent and need encouragement to do something. This leader always protects his subordinates. Paternalistic leaders have great omniscient traits so they rarely give opportunities to subordinates to make decisions.

Indicators of paternalistic leadership style:

- a. They regard their subordinates as humans who are not mature/immature, or their own children who need to be developed
- b. They are overprotective
- c. They rarely give subordinates the opportunity to make up their own minds
- d. They almost never give their subordinates the opportunity to take the initiative
- e. They give or almost never give opportunities to followers or subordinates to develop their own imagination and creativity

Table 1.2. Multifactor Leadership Questionnaire (MLQ) Dimensions

<p>Transformational</p>	<p>The leader tries to increase followers' awareness of what is right and important and to motivate them to perform "beyond expectation."</p> <p>Idealized Influence (behavior and attributed) is described when a leader is being a role model for his/her followers and encouraging the followers to share common visions and goals by providing a clear vision and a strong sense of purpose.</p> <p>Inspirational Motivation represents behaviors when a leader tries to express the importance of desired goals in simple ways, communicates a high level of expectations and provides followers with work that is meaningful and challenging.</p> <p>Intellectual Stimulation refers to leaders who challenge their followers' ideas and values for solving problems.</p> <p>Individualized Consideration refers to leaders who spend more time teaching and coaching followers by treating followers on an individual basis</p>
<p>Transactional</p>	<p>A process that is mainly based on contingent reinforcement.</p> <p>Contingent Reward refers to an exchange of rewards between leaders and followers in which effort is rewarded by providing rewards for good performance or threats and disciplines for poor performance. Management-by-Exception (Active) leaders are characterized as monitors who detect mistakes.</p>
<p>Passive-Avoidant</p>	<p>Absent, unavailable leader</p> <p>Management-by-Exception (Passive) leader intervenes with his or her group only when procedures and standards for accomplishing tasks are not met.</p> <p>Laissez-faire or non-leadership exhibits when leaders avoid clarifying expectations, addressing conflicts, and making decisions</p>

Adapted from (Muenjohn & Armstrong, 2008)

C. Apply Theories, Concepts, and Principles of Leadership In Wards

Table 1.3. Lewin's Leadership Styles

Style Characteristics	Style Characteristics
Authoritarian Leadership (Autocratic)	Authoritarian leaders, also known as autocratic leaders, provide clear expectations for what needs to be done, when it should be done, and how it should be done. Authoritarian leaders make decisions independently with little or no input from the rest of the group. This leadership is best applied to situations where there is little time for group decision-making or where the leader is the most knowledgeable member of the group.
Participative Leadership (Democratic)	Participative leaders encourage group members to participate, but retain the final say over the decision-making process. Group members feel engaged in the process and are more motivated and creative. Democratic leaders offer guidance to group members, but they also participate in the group and allow input from other group members.
Delegative Leadership (<i>Laissez Faire</i>)	Delegative leaders offer little or no guidance to group members and leave decision-making up to group members. While this style can be effective in situations where group members are highly qualified in an area of expertise, it often leads to poorly defined roles and a lack of motivation. The members in this group also made more demands on the leader, showed little cooperation and were unable to work independently.

Adapted from (Nakrem, 2015)

Work of caring leadership

According (Zhang et al., 2022) during the leadership process, nurse leaders should show respect, provide support, build mutual-trust relationships with their staff, promote cooperation and meet future challenges. At the same time, nurse leaders must accept the responsibility and mission of being a leader in caring for their employees by guiding the direction of the organisation and the nursing staff, setting a good example for them and finally leading them to a bright future. When a leader focuses on caring

while neglecting his or her responsibilities, the organisation's principles are violated, resulting in a loss of motivation and an inability to achieve the set goals. On the other hand, if a leader focuses on the organisation's tasks while neglecting to care for the staff, the staff will be unable to form a sense of belonging and will lose their creativity. A nurse leader shared: 'Caring for nurses is very important, but the leading of nurses is also critical, the responsibility of leader requires the leader to be able to have long term goals that will bring the staff to further future.

Competency

Just as Fayol and Gulick identified management functions, contemporary leadership experts suggest that there are certain competencies (skills, knowledge, and abilities) that health-care leaders need to have to be successful. Collaborated to identify leadership competencies, which included leadership skills and behavior, organizational climate and culture, communicating vision and managing change.

Summary

Effective leadership is absolutely critical to organizational success in the 21st century. Becoming a better leader-manager begins with a highly developed understanding of what leadership and management are and how these skills can be developed. The problem is that these skills are dynamic, and what we know and believe to be true about leadership and management changes constantly in response to new research and visionary thinking

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of leadership?
2. What is the difference between autocratic, democratic and *laissez faire* leadership style?
3. What is your opinion about example leadership style in the ward?

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CHAPTER II

BASIC CONCEPTS OF MANAGEMENT

INTRODUCTION

Are You Ready to Be a Manager?

The majority of new nurses will learn that they shouldn't accept managerial responsibilities. New nurses still have not fully acquired the breadth and depth of nursing experience. Before taking on the role of a supervisor, you must first focus your efforts on developing your capabilities. Management is the process of achieving objectives in an organized and purposeful way. All facets of life inevitably require management. Be it in nursing management

KEYWORD

Management
Administration
Men
Materials
Machines
Methods
Money

Human Resource Management
Financial Management
Marketing management
Top-level managers
Middle-level manager
First level manager

LEARNING OBJECTIVES

After reading the contents of this chapter, you should be able to

- A. Explain the definition of management
- B. Understand management objective
- C. Identify the difference between management and administration

- D. Identify the management component
- E. Explain the management principles
- F. Identify the basic management functions
- G. Explain the process management
- H. Identify the management levels

Students can understand the ideas and give management examples after they learn what has been stated in the learning objective

A. Definition Of Management

Several references explain the definition of management, including the following:

Management is the process of managing organizational activities through the efforts of others to achieve common goals. management is a process of carrying out activities/efforts to achieve organizational goals through collaboration with others.

Whereas management is a process of designing and maintaining an environment where people working together in a group can achieve the goals set as efficiently as possible (Marquis Bessie L & Huston Carol J, 2017).

Management is the science or art of how to use resources effectively, efficiently, and rationally in achieving the goals set by the organization. A method used by someone to control actions by either individuals or organizations. To satisfy the goals that must be accomplished by the individual or group working together, systems or management must be implemented (Whitehead et al., 2010).

B. Management Objective

1. Establishes precise, quantifiable standards of care in collaboration with other employees of the company and chooses the best way to assess whether those criteria have been reached.
2. wisely chooses and employs process, result, and structure audits as quality control instruments.
3. uses the right sources of information to collect data for quality assurance.

4. Identifies differences between the care given and the standards of the unit and employs critical event analysis or root cause analysis to ascertain why the criteria were not fulfilled.
5. Uses quality control results to identify staff training or coaching needs.
6. maintains current knowledge of all laws, rules, and licensing requirements that have an impact on quality control.
7. Regularly engages in benchmarking and “best practices” programs at the state and federal levels.
8. Proactively reworks the processes that caused the errors by continuously assessing the unit’s or organization’s environment to discover and classify errors that are occurring.
9. Creates an environment where clinical judgments and patient treatment are guided by research findings and clinical recommendations based on best practices.
10. Sets the six-sigma process as the objective for all facets of Qi

(Marquis Bessie L & Huston Carol J, 2017)

C. Identify The Difference Between Management and Administration

1. Management and Administration

Management is defined as the act of managing people and their work, to achieve common goals by using organizational resources. This creates an environment in which the manager and his subordinates can work together to achieve group goals. It is a group of people who use their skills and talents to run an organization’s complete system. These are activities, functions, processes, disciplines, and more.

Planning, organizing, leading, motivating, controlling, coordinating, and deciding are the main activities carried out by management. Management brings together the 5M of the organization, namely Men, Materials, Machines, Methods, and Money. It is a result-oriented activity, which focuses on achieving the desired result.

Administration is a systematic process of managing the management of a business organization, an educational institution such as a school or college, a government office, or a non-profit organization. The main functions

of administration are establishing plans, policies, and procedures, setting goals and objectives, enforcing rules and regulations, etc. Administration lays down the basic framework of the organization, within which the management of the organization functions.

The characteristics of administration management involves the forecasting, planning, organizing, and decision-making functions at the highest levels of the company. Administration represents the top layer of an organization's management hierarchy. This top-level authority is the business owner or partner who invests their capital in starting the business. They get returns in the form of profits or dividends (Sindhu I.S, 2012).

The main differences between management and administration are given below:

- a. Management is a systematic way of managing people and things in an organization. The administration is defined as the act of managing an entire organization by a group of people.
- b. Management is a business and functional level activity, while Administration is a high-level activity.
- c. While management focuses on policy implementation, policy formulation is carried out by the administration.
- d. Administrative functions include legislation and determination. In contrast, the functions of management are executive and governmental.
- e. Administration takes all the important decisions of the organization while management makes decisions under the limits set by the administration.
- f. A group of people, who are employees of an organization are collectively known as management. On the other hand, the administration represents the owners of the organization.
- g. Management can be seen in profit-making organizations such as business firms. In contrast, Administration is found in government and military offices, clubs, hospitals, religious organizations, and all non-profit corporations.
- h. Management is all about plans and actions, but administration is concerned with formulating policies and setting goals.

- i. Management plays an executive role in the organization. Unlike the administration, whose role is very decisive.
- j. Managers look after the management of the organization, while administrators are responsible for the administration of the organization.
- k. Management focuses on managing people and their work. On the other hand, the administration focuses on making the best possible utilization of organizational resources

D. Management Component

The following are the components of management (Gharavi, 2017; Siminică et al., 2017)

1. Human Resource Management (HRM)
The assessment of performance and availability are two topics covered by human resource management. Such human resource management will significantly aid in identifying the minimum levels of expertise or experience required.
2. Financial Management
Financial management is the correct management of the flow of money, such as through planning, budgeting, checking, controlling, searching, and storing money.
3. Marketing Management
Activities involving planning, goal-setting, and the achievement of results in the marketing profession. This marketing management strategy aims to boost market awareness of the product and sales. Three ideas are used in marketing: customer focus, comprehensive planning of marketing initiatives, and client satisfaction.
4. Production Management
Activities involving planning, goal-setting, and the achievement of results in the marketing profession. This marketing management strategy aims to boost market awareness of the product and sales. Three ideas are used in marketing: customer focus, comprehensive planning of marketing initiatives, and client satisfaction.

5. Distribution Management

The effectiveness of marketing management is supported by this management. Distribution management in a straightforward business refers to a management effort that deals with the accessibility and distribution of items to consumers. The performance of marketing management will be hampered by improper distribution management.

E. Management Principles

The principles underlying management include (Suriyankietkaew & Petison, 2020):

1. Management should be based on planning because, through the planning function, leaders can reduce the risk of decision-making, and effectively and plan problem-solving.
2. Management is carried out through the effective use of time. Nursing managers who value time will develop well-programmed plans and carry out activities according to predetermined times.
3. Management will involve decision-making. Various situations and problems that occur in management activities require decision-making at various managerial levels.
4. Management must be organized. Organizing is done according to the needs of the organization to achieve goals.
5. Direction is an element of management activities that include the process of delegating, supervising, coordinating, and controlling the implementation of plans that have been organized.
6. A good management division motivates employees to show good work performance.
7. management uses effective communication. Effective communication will reduce misunderstandings and provide common views, direction, and understanding among employees.
8. Staff development is important to be carried out as an effort to prepare nurses—implementing nurses to occupy higher positions or managers' efforts to increase employee knowledge.

F. Basic Function Management

In summary, the management functions are as follows (Weiss & Tappen, 2015; Whitehead et al., 2010):

1. Planning

Directing all planned activity, ideas that explain the efforts to achieve one or several goals that have been set

The intended planning includes:

- a. Description of what will be achieved
 - b. Preparation for achieving goals
 - c. Formulation of a problem to be achieved
 - d. Preparation for actions
 - e. The formulation of goals does not have to be written, it can only be in the mind
 - f. Every organization's need planning.
2. Organizing, is setting after planning, organizing, and determining what the job duties are, types, types, work units, tools, finances, and facilities.

Because they do more work than can be completed through individual effort, organizations are important. People need to understand how organizations are constructed, including how they were formed, how members communicate, who has authority over them, and how decisions are made because they spend the majority of their lives in social, personal, and professional organizations. Engage all current components to effectively and efficiently accomplish company goals.

3. Staffing

Healthcare organizations tend to be labor-intensive, meaning that many personnel are needed for an organization to achieve its goals. As a result, staffing is a crucial stage of the management process in these businesses.

4. Actuating

Enhancing nursing practices to help nurses perform more effectively and efficiently, cut down on lost time at work, and avoid doing the same thing twice.

5. Control/supervision (controlling), is a supervisory function so that the objectives can be achieved by the plan, whether the people, method, and time are right.
6. Controlling, is a process of measuring and comparing the results of the work that should be achieved. The essence of the assessment is a certain phase after the completion of activities, before, as corrective and treatment aimed at the organic functions of administration and management. Control also functions so that errors can be corrected immediately.

The elements managed as management sources are man, money, material, method, machine, minute, and market

G. Process of Management

The nursing management process is by an open systems approach where each component is interconnected and interacts and is influenced by the environment. Because it is a system, it will consist of five elements, namely input, process, output, control, and feedback mechanisms, according to (Doosty et al., 2014) can be described in detail as follow:

1. Input from the nursing management process includes information, personnel, equipment, and facilities.
2. The process in nursing management is a group of managers from the highest nursing management level to the implementing nurses who have the duty and authority to carry out planning, organizing, directing, and supervising the implementation of nursing services.
3. Outputs are nursing care, staff development, and research.
4. Controls used in the nursing management process include the budget of the nursing department, evaluation of nurse performance, standard procedures, and accreditation.
5. Reciprocal mechanisms in the form of financial reports, nursing audits, quality control surveys, and nurse performance)organizations have no option; however, to deal with such a big level of transformation in order to adjust the consequential demands. Therefore, many companies need to continually improve and review their processes to maintain their competitive advantages in an uncertain environment.

Meeting these challenges requires implementing the most efficient possible business processes, geared to the needs of the industry and market segments that the organization serves globally. In the last 10 years, total quality management, business process reengineering, and business process management (BPM).

H. Management Level

In large organizations, there are often several levels of managers (Mary & Langan, 2010), namely:

1. Top-level managers

Top-level managers (top-level managers) have an impact on the company as a whole, have an impact on internal and external coordination, and typically make decisions with little guidance or structure. Examples of top-level managers are the chief operating officer (COO) or chief executive officer (CEO) of an organization and the senior-most nursing administrator. Vice presidents of nursing or patient care services, nurse administrators, directors of nursing, heads of nursing, assistant administrators of patient care services, or CNOs (chief nurse officers) are some of the current titles for top-level nurse managers.

Top-level nurse managers may be in charge of non-nursing departments. For instance, in addition to all nursing departments, top-level nursing supervisors also oversee or direct the respiratory, physical, and medical departments.

It is important to keep in mind that the CEO is the only member of the top-level nurse managers and is at the highest level of organizational governance. Top-level managers are responsible for choosing the organization's ideology, establishing policies, and setting objectives and priorities for resource distribution. Top-level managers are not involved in the everyday activities of lower-level managers; hence they are in desperate need of leadership qualities.

2. Middle-level manager

Middle-level managers serve as a bridge between lower-level managers and top-level managers by coordinating the work of lower

hierarchical levels. Middle-level managers oversee daily operations while also contributing to some long-term planning and formulating unit policies. Supervisory nurses, nursing managers, heads of nursing, and unit managers are a few examples of middle-level managers.

There has been a significant amount of recent consolidation and acquisition of healthcare facilities. Reduced administrative levels are frequently noticeable in these firms that are combining. Middle-level managers who have a lot of responsibility and a growing role frequently experience this. As a result, many healthcare facilities have given the title “director” to middle-level managers to signify new duties. certain healthcare organizations now utilize the previous term “director of nursing”, which is still used in certain small facilities to refer to a CNO, to refer to middle-level management. It is crucial to create a degree program in health administration so that people are aware of the obligations of each position.

3. First-level manager

First-level managers’ performance has a significant impact on the organization. First-level managers require competent management abilities. First-level managers have a wonderful opportunity to practice this leadership role since they deal closely with patients and the healthcare team. This practice will have a big impact on their subordinates’ productivity and contentment. First-level managers give attention to particular workflow units.

Taking immediate action to address the unit’s daily operations, organizational needs, and personnel needs. The organization’s lead nurse in a team, the case manager, and the primary care nurse are examples of first-level managers. Any licensed nurse may be viewed as a first-level manager. Examples of first-level managers are the primary care nurse, team lead, case manager, and nurse leaders. In some organizations, any registered nurse may be considered a first-level manager. A comparison of top, middle, and first manager levels is shown in Table.

Table 2.1. Manager Level Table

	Top-level	Intermediate level	First Level
Example	* Head office Nursing * Head office Executive * Head office Finance	*Supervision Unit * Head Department * Director	
Responsibility focus	Seeing the organization as a whole is like exerting external influence	Focusing on integrating day-to-day unit-level requirements with organizational needs	Primarily focusing on day-to-day needs at the unit level
Primary planning focus	Strategic planning	A combination of long and short-term planning	Short term, operational planning
Communication flow	More frequently going up and down but receiving feedback from subordinates, both directly and through mid-level managers	Up and down with centrality	Up more often. Generally rely on middle-level managers to send messages or communications to first-level managers

Adapted from (Wan & Xia, 2023)

One of the leadership responsibilities in the organization is to internally check a Periodical number of people who are bound by orders (subordinates). Organizations often add levels until there are too many managers. Therefore, nursing managers must carefully weigh the advantages and disadvantages of adding one level of management.

SUMMARY

Nurse managers have complex, responsible positions in healthcare organizations. Ineffective managers may harm their employees, their patients, and the organization, and effective managers can help their staff members grow and develop as healthcare professionals while providing the highest quality care to their patients.

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of management?
2. What is the difference between management and administration?
3. What is the definition of basic management functions?
4. Explain the process management!

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CHAPTER III

THE CONCEPT OF NURSING MANAGEMENT AND MANAGEMENT OF NURSING CARE



INTRODUCTION

Nursing management consists of the performance of the leadership functions of governance and decision-making within organizations employing nurses. It includes processes common to all management like planning, organizing, staffing, directing and controlling. Management positions increasingly require candidates to hold an advanced degree in nursing

KEY TERMS

Management
Planning
Organizing
Staffing
Directing
Actuating

Controlling
Nursing Diagnosis
Intervention
Implementation
Evaluation

LEARNING OBJECTIVES

After reading the contents of this chapter, you should be able to:

1. Explain Definition of nursing management.
2. nursing management goals.
3. Principles of nursing management

4. scope of nursing management.
5. nursing care management

A. Definition of Nursing Management

If you already understand management, let's learn about nursing management in the following. Read it well and understand the content. Discuss it with your friend if you have difficulty understanding the material presented.

Nursing management is the delegation of work through nursing staff members to provide nursing care services professionally. Nursing management practitioners or nursing managers are expected to be able to carry out management functions including planning, organizing, leading, and evaluating available facilities and infrastructure to be able to provide effective and efficient nursing care services for individuals, families, and communities (Korniewicz, 2015).

Nursing management is a process of completing a job through planning, organizing, directing, and supervising by using resources effectively, efficiently, and rationally in providing comprehensive bio-psycho-social-spiritual services to individuals, families, and society, both sick and healthy through the nursing process to achieve the goals set (Nursalam, 2022).

Nursing management is a process of working through nursing staff members to provide professional nursing care. The nursing process as nursing management consists of data collection, problem identification, planning, implementation and evaluation of results (Murray Elizabeth, 2017).

Understanding the goals, guiding principles and purview of nursing management is necessary before learning the distinctions between nursing service management and nursing care management.

B. Nursing Management Objectives

The objectives of nursing management are as follows (Mugianti Sri, 2016):

1. Direct all planned activities
2. Prevent/overcome managerial problems

3. Achieve organizational goals effectively and efficiently by involving all existing components
4. Improving nursing work methods so that nursing staff works more effectively and efficiently, reducing wasted working time, reducing duplication of effort and effort

The expected outcome (outcome) of nursing management is

1. Organized service
2. Quality nursing care.
3. Staff development
4. Nursing research culture

C. Principles of Nursing Management

Nursing management professionals can supervise nurses and nursing programs in a variety of ways. Some are in charge of entire facilities, delegating responsibilities to departmental supervisors. Consistency, standardized procedures, transfer protocols, and cooperation are often important aspects of a manager's job when they oversee the nursing staff at a large hospital (Whitehead et al., 2010).

1. Planning.

Planning is the basic and first function in management (the first function of management): All management functions depend on planning. Planning is a thought process or mental process for making decisions and forecasting. Planning must be future-oriented and ensure the possibility of the expected results. In planning, one of the important things that become the center of attention is the plan for managing human resources (HR) and other relevant resources. Good planning will increase the achievement of objectives and effective financing.

2. Effective utilization of time.

The effective use of time relates to the pattern of arrangement and utilization of the right time and allows the wheels of the organization to run and the achievement of organizational goals. The service time is calculated, and the nurse's activities are controlled.

3. **Decision-making.**
Decision-making is a result or output of a mental or cognitive process that leads to a choice between several available alternatives that is carried out by a decision-maker. Decisions are made to achieve goals through the implementation/implementation of the decision choices taken.
4. **Manager/Leader.**
Managers in charge of managing management require expertise and real action so that members carry out their duties and authorities properly. The existence of a manager who can encourage, control and invite others to achieve goals is a very resource
5. **Social goals.**
Good management must have clear and defined goals in the form of the vision, mission, and goals of the organization.
6. **Organizing.**
Organizing is grouping several activities to achieve the expected goals. Assignments to each group are carried out under supervision, there is coordination with other units both horizontally and vertically (Swansburg & Swansburg, 1999).
7. **Changing.**
Change is the process of replacing one thing with another that is different from before (Douglas, 1988). Change, in nursing management change, is used as a principle because of the dynamic nature of services following the characteristics of the patients you will serve.

D. Scope of Nursing Management

Maintaining health has become a large industry that involves various aspects of health efforts. Health services have become the most basic right for everyone and providing adequate health services will require efforts to thoroughly improve the existing system. Adequate health services are strongly influenced by the nursing services that are in them. Nursing is a discipline of clinical practice (Perry, 2014).

Effective nursing managers should understand this and be able to facilitate the work of implementing nurses including using the nursing process in each of their nursing care activities, carrying out nursing interventions based on established nursing diagnoses, accepting accountability for nursing activities and nursing outcomes carried out by nurses, and able to control the environment of nursing practice. The entire implementation of these activities is always initiated by nursing managers through participation in the nursing management process by involving implementing nurses (Korniewicz, 2015).

Based on the description above, the scope of nursing management consists of Operational management/service management and nursing care management.

1. Nursing Management of Service

Nursing management is a subset of nursing that focuses on nurse management and patient care standards. Most facilities that employ nurses, such as hospitals, clinics, and residential care facilities, require an effective nursing management program. People in this field typically have both nursing and management experience, as well as specialized training to prepare them for management and supervisory positions (Goktepe et al., 2018).

Nursing services in the hospital are managed by the field of care which consists of three managerial levels and each level is led by someone who has relevant competence. These managerial levels are:

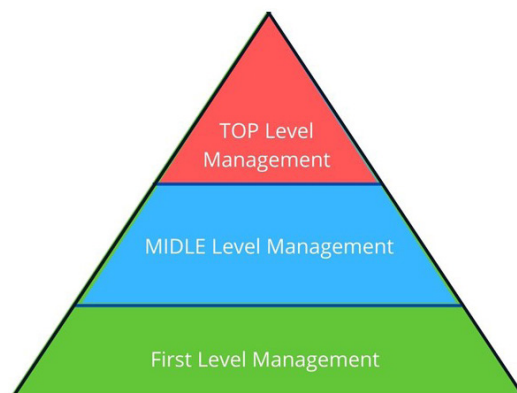


Figure 3.1 Management Nursing Management Service
Adapted from (Goktepe et al., 2018)

To achieve good results, several factors need to be possessed by people who lead at each of these managerial levels. These factors are the ability to apply knowledge, leadership skills, the ability to carry out the role of a leader, and the ability to carry out management functions.

2. Nursing Management of Care

Nursing management of care is a nursing process that uses management concepts in it such as planning, organizing, implementing, controlling and evaluating. This nursing care management emphasizes the use of the nursing process and this is inherent in a nurse. Every nurse in carrying out their duties must use the nursing process to achieve the goals of patient nursing care. The Nursing process is a problem-solving process that emphasizes decision-making about the involvement of nurses according to what the patient needs (Potter Patricia A et al., 2020).

E. Nursing Care Management

Every nurse in carrying out their duties must use the nursing process to achieve the goals of patient nursing care. The Nursing Process is a problem-solving process that emphasizes decision-making about the involvement of nurses according to what the patient needs. The nursing process consists of five stages, namely: assessment, determination of nursing diagnoses, nursing interventions, implementation, and evaluation.

The nursing profession aims to provide services to clients and also maintain the life of the profession itself. To achieve these goals, nurses need to have intellectual, technical, interpersonal, and ethical skills. All of these skills must appear in the provision of nursing care to clients. In other words, professional nursing practice is a practice that is based on intellectual, technical, and interpersonal skills by applying a scientifically justifiable method of care. The method of nursing care to carry out professional practice is to use the nursing process. The nursing process is a series of care consisting of assessment, compiling nursing diagnoses, action planning, implementation, and evaluation (Potter Patricia A et al., 2020).

3. Nursing Care Management

Good nursing care management is needed in providing nursing care to clients in a systematic and organized manner. Nursing care management is the arrangement of resources in carrying out nursing activities using the nursing process method to meet client needs or solve client problems. Three important components in nursing care management, namely human resource management (nurses) using a system of organizing the work of nurses (nursing care) and a system of classification of client needs in the method of providing nursing care, namely the nursing process.

4. Nursing Process

The purpose of the nursing process in general is to create a conceptual framework based on the needs of individuals, families, and communities the nursing process is a design stage of action aimed at fulfilling nursing goals including: maintaining optimal health, returning to normal conditions, and facilitating quality of life. So, if we use the nursing process, it must be ensured that the patients under our care will become more qualified, in their lives through the health efforts that we do.

The theory underlying the Nursing Process (Potter Patricia A et al., 2020):

- a. Systems theory, based on inputs, processes, and outputs
- b. The theory of human needs, based on the stages of meeting basic needs, usually uses Maslow's theory
- c. Theories of decision-making and problem-solving
- d. Comparison between decision-making processes and nursing processes.

Comparison between the decision-making process and nursing process. The following is a description of the stages of the nursing process.

a. **Assessment**

At the assessment stage, you can use the assessment form available at your respective work institution. Remember that assessment is the initial stage of the nursing process, a systematic process of collecting data from various sources and evaluating and identifying health status. **We can classify the data into basic data and focus data.**

Basic data: Collection of data about the client's health status, the client's ability to manage health and nursing himself, the results of consultations from medical or other health professionals

Example: Patient biodata, medical diagnosis, medical history, pattern of meeting basic needs, physical examination, supporting examinations

Focus Data: Data about changes or client responses to health and health problems and matters that include actions taken by clients

Example of Nursing Assessment Focus

- 1) Client response to health problems related to basic human needs
- 2) Compilation of data as indicators to support nursing diagnoses

The data we get can be divided into 2 types:

Objective data: The data we get from measurable patients can be obtained based on direct observation and examination or using tools. Example of blood pressure test results: 120/80 mmHg, Hb Laboratory results: 8 gr%. Conjunctiva: anemic

Subjective data: Data obtained based on patient complaints and is subjective

Example: The patient complains of dizziness, light-headedness in the eyes

Method of collecting data

In the process of collecting treatment data, nurses can use several methods, namely: interviews through effective communication, observation, and physical examination. Assessment is a systematic collection of subjective and objective data to determine appropriate nursing diagnoses to develop appropriate nursing action plans, both for individuals, families, and communities. Therefore, we need an assessment format that can be a tool for nurses in data collection.

b. Nursing diagnoses

A nursing diagnosis is a statement about actual or potential health status disorders. Implicit in this diagnosis is a statement about the client's response which is legal and based on the nurse's knowledge. Nursing diagnoses can be actual, risk, wellness, or actual syndrome:

The actual diagnosis is a clinical statement that the nurse has validated because of the main characteristics or signs that support the diagnosis.

Example: Focus on data: Blood pressure: 100/60 mmHg, sunken eyes, reduced turgor, there is a decrease in body weight, Total Body Water decreased by 8 % BB, there is a history of vomiting and loose bowel movements. The nursing diagnosis is Impaired fluid balance: Deficit related to excess output.

Why Actual? Because the data can be very supportive

Risk:

A risk nursing diagnosis describes a clinical statement in which an individual or group is at risk of experiencing a problem with other people in the same or similar situations. Example of focused data: A patient with a history of not eating or having no appetite yesterday, current condition is weak, nausea, ¼ portion of food provided is used up, Hb 11 gr%, Nursing diagnosis is Risk of Need for Poor Nutrition. Why is it called Risk? Because the existing data does not support the occurrence of nutritional disorders, but if left unchecked, it can continue to interfere with meeting nutritional needs.

Wellness:

A “wellness” nursing diagnosis is a clinical statement about individuals or communities who are in transition from a certain level of well-being to a higher level of well-being.

Syndrome: A syndromic diagnosis describes a group of actual diagnoses or risks that are predicted to occur because of a particular situation or event

c. Planning

The planning phase involves a series of steps in which the nurse and patient set priorities, write goals and expected outcomes, and write action plans to solve client problems. Types of nursing plans include independent interventions, cooperative interventions (interdependence), and dependent interventions.

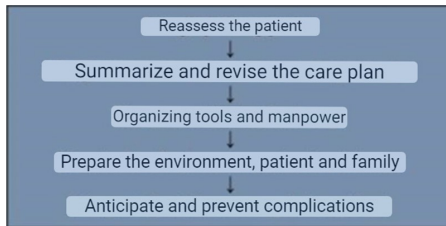


Figure 3.2. Preparation for Nursing Actions
 Adapted from (Potter Patricia A et al., 2020):

Independent intervention: It involves aspects of professional nursing practice that are legally performed by nurses and do not require supervision or direction from other professions.

For example, wound care, installing and giving food through a sonde, doing personal hygiene, balancing temperature (thermoregulation), giving warm and cold compresses, and providing family health education in hospitals so they can care for patients at home. Nursing actions for individual families have been integrated with actions for patients. Health education for family groups is needed to empower patient families to solve problems together. The contents of the program are tailored to the needs and expectations of the family for the patient's recovery. This program is carried out in the form of large and small group meetings.

Interdependence interventions: It carried out by nurses in collaboration with other health workers.

Example: When a patient needs a range of motion exercises the nurse can train them, but for a range of motion under certain conditions, the nurse works together with a physiotherapist Intervention depends on instructions or written messages from other professions. Example: Administration of drugs based on doctor's orders.

d. Implementation

At this stage, the nurse takes action according to the plan. During this stage, the nurse continues to collect data, perform nursing actions or delegate nursing actions, and validates the nursing plan. Before taking action, nurses need to make the following preparations:

Nursing action or implementation is an action that is carried out directly by the client, family, and community based on the nursing plan that is made. Based on nursing care management, it is necessary to carry out a patient classification system in providing nursing care. This system was developed to ensure excellent service that focuses on customer service. With this system, the patient's needs for nursing services are assessed and the fulfillment of their needs is designed through service standards and nursing care.

In the treatment room, clients are classified based on their level of need for nursing actions. This classification consists of total, partial, and independent care. According to Gillies (1999), the average patient requires four hours of daily care with the following details



Figure 3.3 Client Dependency Levels
Adapted from (Potter Patricia A et al., 2020)

Based on these details, it is determined that nursing actions in the treatment room for patients are divided into three categories

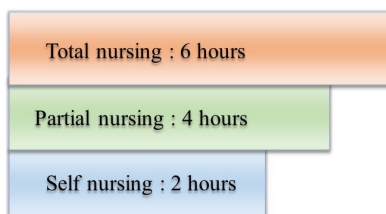


Figure 3.4. Client Maintenance Time
Adapted from (Potter Patricia A et al., 2020)

The number of hours for nursing actions above is allocated for individual patient actions for 24 hours, not including nursing actions in the form of groups and patient ADLs.

All the details of the time and nursing actions above are made into action guidelines and activity schedules per nursing problem per patient classification system. It is expected that nurses in the treatment room will have clear guidelines in providing nursing actions for each patient according to nursing problems and the level of need for nursing actions. Guidelines for nursing actions are made for actions on patients both individually, in groups, and those related to activities of daily life (ADL). With details of time requirements, it is hoped that each nurse will have a daily activity schedule for each patient so that the nurse's working time becomes more effective and efficient.

e. Evaluation

At this stage, the nurse examines the client's response to nursing interventions and then compares the response with the standard. These standards are often referred to as "outcome criteria" Nurses assess the extent to which nursing goals or outcomes have been achieved. Furthermore, all nursing actions that have been carried out by nurses are documented in an implementation format and evaluated using the SOAP approach (subjective, objective, analyses, planning). Besides that, related to the SOAP approach, every time after interacting with patients, the nurse gives assignments or activities related to nursing actions that have been carried out as a follow-up. These assignments or activities are included in the patient's activity schedule and classified whether the task is carried out independently (M), with partial assistance (B), or with total assistance (T). Every day the ability to perform this task or activity is evaluated (Mugianti Sri, 2016).

Can you separate management into nursing management of service and nursing management of care? Nursing management of service places more of an emphasis on how nursing managers (structurally) organize nursing staff members and other resources to be able to perform duties, whereas nurses employ nursing care management to

address patient issues. The phrase “nurses are nursing management of care” is another option.

SUMMARY

Nurse managers have complex, responsible positions in healthcare organizations. Ineffective managers may harm their employees, their patients, and the organization, while effective managers can help their staff members grow and develop as healthcare professionals providing the highest quality care to their patients. If you have wondered why there are so many conflicting and overlapping theories of leadership and management, it is because management theory is still at an immature (not fully developed) stage as well as being prone to fads.

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of nursing management?
2. What are the nursing management goals?
3. What are the principles of nursing management?
4. How does the nursing care management?

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CHAPTER 4

NURSING MANAGEMENT

PLANNING



INTRODUCTION

In the chapter before this one, the management function was described. Planning, organizing, staffing, actuating, and controlling are management functions. Students are now learning about the planning process used in the treatment room service.

Planning is critically important to and precedes all other management functions. Without adequate planning, the management process fails and organizational needs and objectives cannot be met. Planning may be defined as deciding in advance what to do; who is to do it; and how, when, and where it is to be done. Therefore, all planning involves choosing among alternatives.

KEYWORD

Planning	Strength
Vision and mission	Weakness
Philosophy	Opportunities
Objectives	Threat
Policies	
Procedures	
Rules	
Human resource	

LEARNING OBJECTIVE

After reading the contents of this chapter, you should be able to:

- A. Understand the definition of nursing management planning
- B. Explain the Vision and Mission
- C. The type of planning prepared by the head nurse
 - Logistics planning
 - HR planning
 - Nursing service work plan
- D. Understand the planning of nurse career level
- E. Explain the planning in the management of nursing care in ward and health centers according to national and international accreditation standards
- F. Explain the process of preparing a management problem-solving plan

A. Definition of Nursing Management Planning

Planning can be defined as an effort to decide what will be done, who will do it, and how, when, and where it will be done. Their fore all planning requires individuals to make choices among several alternatives. Planning is a function demanded of all managers so that individual and organizational goals and needs can be met (Marquis Bessie L & Huston Carol J, 2017).

Planning is the core of management activities because all management activities are regulated and directed by the plan. With this planning, it allows decision-makers or managers to use their resources effectively and efficiently. The success of an activity, however large, is highly dependent on careful planning, meaning planning everything before starting, thinking about actions continuously, changing plans if necessary, and assessing how effectively the activities will be carried out (Weiss & Tappen, 2015).

Adequate planning promotes the best management of available resources. Ineffective planning, managers must identify short-term and long-term goals and make the necessary changes to ensure the continuity of achieving goals by units, so creativity and skills are needed by these managers. Planning is a very important process and is a priority in other management functions (Whitehead et al., 2010).

There are many different types of planning; in the majority of companies, these plans create a hierarchy, with the top-level plans impacting all lower-level plans. The hierarchy broadens at lower levels, as shown in the pyramid in Figure 4.1, signifying an increase in the number of planning components. Additionally, the planning hierarchy's top components are more general, while its lower components are more specialized.



Figure 4.1 The Planning Hierarchy
Adapted from (Marquis Bessie L & Huston Carol J, 2017).

B. Vision and Mission of Nursing Management Planning

Vision:

Vision statements are used to describe the goals for the future of an organization. It is an oral description that develops an idea for every member of the group of what they hope to accomplish together. Therefore, company leaders must understand that the organization can never be more powerful than the vision that drives it. A vision statement that's appropriate for a hospital (Marquis Bessie L & Huston Carol J, 2017).

Example of the formulation of the vision at the ward:

“To become a neurological care ward by providing professional and plenary nursing care services in 2030”.

Mission:

Mission statements then have value, only if they provide more than lip service. Indeed, actions taken at all levels of the organization should be congruent with the stated organization's mission. This is why involving individuals from all levels of the organization in crafting mission statements is so important. The purpose or mission statement is a brief statement (typically no more than three or four sentences) identifying the reason that an organization exists. The mission statement identifies the organization's constituency and addresses its position regarding ethics, principles, and standards of practice (Marquis Bessie L & Huston Carol J, 2017).

1. Provide highly effective and efficient care to ensure optimal patient health after discharge from the hospital.
2. Help develop and foster a conducive atmosphere for patients and caregivers or non-caregivers.
3. Teach, guide, and support nursing activities
4. Participate and collaborate with all members of the healthcare team in the hospital or workplace.

C. The Type of Planning Prepared by the Head Nurse**1. Logistics Planning**

Planning can be interpreted as formulating everything before it is implemented. Planning can also be understood as determining various actions that can be taken to achieve a predetermined goal. Meanwhile, the term logistics can be interpreted as various items needed to carry out certain actions to achieve goals.

Logistics planning is a thinking activity, research, calculation, and formulation of actions to be carried out in the future, both related to operational activities in logistics procurement, logistics use, organization, and logistics control. Thus, in simple terms, this logistics planning can be interpreted as a process of formulating the needs of logistics needs that will be used in the future to support the achievement of organizational/company goals effectively and efficiently (Rondeau & Wagar, 2016).

The formulation of this logistical need was preceded by proposals from various existing work units. In this planning process at least should be able to answer the following questions:

- a. What logistics goods will be held?
- b. Why is it necessary to procure logistics goods?
- c. What is the quantity and type of logistics goods?
- d. When will the goods be procured? Who uses them and who is responsible for procuring the logistics goods?
- e. How to procure logistics goods?

2. Human resources planning

Human resources (HR) planning as an activity is a process of how to meet current and future workforce needs for an organization. In meeting current manpower needs, the HR planning process means efforts to fill/cover labor shortages both in quantity and quality. Meanwhile, in meeting future manpower needs, HR planning places more emphasis on forecasting the availability of manpower based on needs by future business plans (Rondeau & Wagar, 2016).

Human resources (HR) planning is needed when business planning as the implementation of the company's vision and mission has been determined. The company's vision is a guide for the direction of a business where it will go and with what strategy the business will be run. Starting from the business strategy, then what HR planning strategy will be chosen? The selected and determined Human resources (HR) strategy will determine what kind of HR needs will be desired, both in quantity and quality (Gunawan et al., 2019)its antecedents, and consequences. Background: A thorough literature review showed multidefinitions of CBHRM, which resulted in confusion in ways of describing CBHRM practice and its implementation in nursing. Methods: A literature review through systematic searches in CINAHL, ScienceDirect, Medline, ProQuest Dissertations and Theses, Embase, and Google Scholar between 2000 and February 2018 with full text in English. Results: The attributes of CBHRM in nursing include recruitment and selection, training and development, performance appraisal, reward system, and career

planning. Antecedents to CBHRM in nursing include organizational factors (organizational size, culture, the nature of human resource (HR)

3. Aspects of Human Resources in HR

In every implementation of a business idea, we need an aspect of resources that will run the business or idea into a business. In some human resource planning, it is necessary to analyze the following:

a. Job Design

After determining the organization, we will carry out the design of any work needed to run the organization. Companies in the service sector will be very different from companies engaged in manufacturing, especially for high-tech manufacturing.

b. Job Description

Job descriptions must be carried out considering the functions of each department must be clear, there is no overlap in work activities and avoid repeating the same work in different sections.

c. Job Values

The purpose of the job value is to determine the value of the position with the capacity of the person needed. The value of the position will be related to the income to be received with the benefits to be received, including the opportunity for a career path.

d. Human Resources Capacity

Capacity will determine the productivity and profitability of the company, capacity by the company's production capabilities is very important.

e. Recruitment

The search for human resources is important because this is where the first stage of introducing our business begins. The right resources will grow in the right positions in a stable organization. The company will determine the selection criteria for new employees both for grade point average scores during college, must pass psychological tests and interviews, and must pass medical tests. In recruiting companies, several things must be adhered to, such as:

- Provision of equal opportunities for all groups and races.

- Providing opportunities for women's groups to be able to work with men.
 - Paying attention to the local government's call to hire employees from the local area.
- f. Productivity
- After someone joins the organization, productivity becomes our concern, because the positive contribution of each individual will produce a positive and growing organization. In line with the appropriate capacity, productivity becomes important because productivity measurements must be met so that the company can carry out work efficiently.
- g. Training and Development
- In line with environmental demands and technological developments, every resource should be given training and development to the demands of the times and work. Training and development also bring appreciation to human resources because they feel valued and guided. Training can be provided in the form of soft skills and hard skills. Soft skills are training to enrich employee knowledge on matters related to employee personnel, such as motivation. Hard skills are more about training that is directly related to work so that you can work even more from time to time.
- h. Performance Appraisal
- Usually, within a year, each employee will experience a period of consultation by getting feedback on the performance achieved during a certain period. In evaluating these employees, what is assessed is not solely the achievement of quantitative results but also other process and quantity factors. What will be assessed are consumer satisfaction factors, management methods, and teamwork.
- i. Compensation and Benefits
- In every industry, there must be a competition structure that will be given to the best employees. In addition to the basic salary, the company will also provide benefits according to the level of position and competition in the market. Usually, also employees who perform well will be given a bonus at the end of the year.

j. Career Planning

In addition to developing employee capabilities, it is also necessary to pay attention to the career development that employees will achieve. Before determining a career, companies will usually also categorize employees into several groups. Compensation and benefits are not the only things that employees are looking for, they also want to achieve progress to be promoted to higher and higher positions, so a clearer career plan is needed for every individual in the company, especially for very good employees.

k. Retrenchment (Savings)

After an employee has served a certain time, the employee will also enter a separation stage, namely retirement. In the case of termination of this employment relationship, the company should provide appropriate compensation, both service fees and severance pay by applicable laws and regulations. To develop and retain employees so that employees are not easily attracted to moving to other companies, apart from providing compensation and benefits, employees can also be motivated by:

- Expanding the scope of work (job enlargement)
- job rotation
- Empowerment and management participation

Currently, the company has two types of collaboration with employees, namely:

- Employees with work experience will usually be accepted by giving a probationary period of 3 months to see their work performance.
- Inexperienced employees will be accepted with a contract for a certain period such as 12 months for example. The contract can be extended a maximum of one time for the same period as before. In addition to these two types, some companies take outsourcing methods for work that are considered important, usually, outsourcing is done for example for company security, and general affairs, but also for paying salaries. All of these things

must be done by the applicable laws, where currently what is in effect is

4. Linkage of Planning and Strategic Planning

The link between the company's strategic planning and the overall HR function. The HR strategic plan is a projection of how the company plans to need and utilize human resources. This affects and is affected by the overall strategic plan of the company which provides the basis for the overall HRM. Key choices in strategic HR planning can and should be made based on several key dimensions. Each dimension represents a choice which is a company committed to each type of planning activity, namely:

- Companies can choose to be proactive or reactive in HR planning. He can decide to carefully anticipate needs and systematically plan to further fill them or simply react when needs arise.
- The company makes a wide range of determinants. It is a formality of planning.
- In HR planning there is flexibility, namely the ability in planning to anticipate and relate to other factors. The stage of an organization's growth can have an important effect on the HR plans adopted. Small organizations that only start at the embryonic stage often work on small HR plans.

D. Planning of Nurse Career Level

Professional Careers are a system for improving performance and professionalism, in the field of work through an Increase in competence. A career is a path of mobility. the vertical transition through increased competence, where this competence is derived from formal education, appropriate informal education/relevant or practical experience clinically recognized.

Career development of professional nurses includes four roles primary nurse: Clinical Nurse, Nurse Manager, Educational Nurse, and Research Nurse. Clinic Nurses is a nurse who provides direct care. To clients as individuals, families, groups, and communities. The nurse manager is the nurse who manages the service. Health care, as well as the level of care.

Front line manager, middle level (middle management) nor the upper level (top manager). The Nurse of Education nurse provides education to students at the institution education of nursing. Research Nurse is a nurse working in the field of Nursing and Health (Kementerian Kesehatan Republik Indonesia, 2017).

The goal of the professional nurse career is to (Kementerian Kesehatan Republik Indonesia, 2017):

1. Increase work morale and reduce confusion career (dead-end job)
2. Reduce the number of nurses turn over (turn over)
3. Organize the promotion system based on requirements and criteria for career mobility. It works well and correctly
4. Increase the ability of professional nurses to provide safe and effective and efficient care
5. Increase the satisfaction of individual nurses with the occupation they occupied

E. Planning in the Management of Nursing Care Inwards (Marquis Bessie L & Huston Carol J, 2017)

1. Organization of Management Nursing Care

Based on the results of the analysis, it is necessary to create a work team with the division of tasks from each personnel. For example, in the inpatient room, organizing is carried out with the division of roles as follows:

2. Head of Nurse

As for the assignment of nurses above, it must be by the vision and mission of the hospital or health center, the results of the previous implementation of the nursing care model, how is the strength of existing resources and facilities and infrastructure that have been identified in the previous data collection.

3. Strategy Management Plan

At this stage, the organization that has been formed begins to plan how the strategic plan will be implemented to achieve goals in Nursing Management.

Organizations began to define and discuss the forms and implementation of professional nursing practice, how to format and document, regulate the needs of nurses, regulate the duties and authorities of each nurse in the room, the work schedule of each nurse, how to supervise nurse, how is the leadership system, installations that support the nursing process such as pharmacy, radiology, laboratory, nutrition (operational pathway). Relations with other parts that also support the organization of this hospital (budget, employees, non-medical).

4. Settings and Activities

At this stage, after all the strategic plans have been prepared, start to determine what activities should be carried out and when. As an example below, a group activity plan will be given in implementing the professional nursing care model which will be carried out in one month

After all the activities have been determined and the time for their implementation has also been determined, then preparations begin to be made for their implementation. The essence of this stage is to start preparing the necessary materials such as documents for providing evidence of implementation, how job descriptions, as well as the rearrangement of schedules (tasks division).

5. Documentation Preparation

In documenting activities, things that need to be prepared include the form of a nursing documentation system, assessment format, planning format, implementation, and evaluation. Included in this preparation is evaluating the suitability of the format based on criteria: is it by nursing documentation standards, is it easy or understandable for all nurses in the room, and is it efficient and effective in its implementation? From these questions then determined the appropriate documentation model.

6. Evaluation Preparation

Evaluation includes determining evaluation techniques, making evaluation tools, and simultaneously documenting the results of their activities in general (Marquis Bessie L & Huston Carol J, 2017).

7. Application of Nursing Management in Hospital Service Settings

The success of nursing management in managing a nursing organization can be achieved through efforts to apply the principles of nursing management, namely:

- a. Nursing management is based on planning
- b. Nursing management is carried out through the effective use of time
- c. Nursing management will involve decision making
- d. Meet patient nursing care needs
- e. Nursing management must be organized
- f. Direction is an element of nursing management activities
- g. Nursing management uses effective communication
- h. Staff development is an element of virginity management

In the setting of a hospital ward, we recognize that there is a head of the nursing room. The head of the room is a nurse who is given the task of leading an inpatient room and is responsible for providing nursing care. The matters managed by the head of space are:

- a. Nursing HR
- b. Information Systems
- c. Head Nurse continuously learns and masters management knowledge that is used to solve managerial problems.
- d. Head Nurse assumes that the nurse practitioner needs an increase in competence.
- e. The organization continues to exist through karate efforts to make changes/renewals.

The scope of activities for the head of the room, namely:

- a. Manage clinical practice of nursing and nursing in the wards
- b. Coordinate room services with the health team.
- c. Manage finances
- d. Manage nursing human resources in the room
- e. Responsible for staffing and shift management.
- f. Evaluate the quality and proper care.
- g. Orient and develop staff
- h. Guarantee the implementation of standards and other rules.
- i. Maintain patient comfort/safety

8. Nursing staff in the inpatient room

Staffing and scheduling are major components of nursing management. states that nursing staff arrangements are an orderly, systematic, rational process applied to determine the number and type of nursing personnel needed to provide nursing care at predetermined standards. Managers are responsible for managing the overall staffing system.

Employment is the activity of nursing managers to recruit, lead, orient, and enhance individual development to achieve organizational goals. Staffing also ensures whether or not there is enough nursing staff consisting of professional, skilled, and competent nurses. Future manpower requirements must be predictable and a plan must be prepared proactively to meet the needs.

The manager must plan adequate manpower to meet the patient's intake needs. Efforts should be made to avoid personnel shortages and overruns when there are fluctuations in patient numbers and acuity. Employment procedures and scheduling policies must be written and communicated to all staff.

Policies and schedules must not violate labor laws or workers' contracts. Existing employment policies should be reviewed periodically to determine whether they meet the needs of staff and the organization. Efforts must continue to be made to be able to use labor methods innovatively and creatively (Marquis Bessie L & Huston Carol J, 2017).

9. Planning in the management of nursing care at the Community Health Centre

According to the Minister of Health (2016), Community Health Centre is the vanguard in implementing basic health efforts. The Community Health Centre, which is the Technical Implementation Unit of the District/ City Health Service, is a health service facility that organizes community health efforts and individual health efforts at the first level, by prioritizing promotive and preventive efforts to achieve the highest degree of public health in its working area (Kementerian Kesehatan Republik Indonesia, 2016). To ensure that quality improvement, performance improvement, and risk management implementation are carried out continuously at the

Community Health Centre, it is necessary to assess by an external party using established standards, namely through an accreditation mechanism.

Community Health Centres are required to be accredited periodically at least once every three years, as well as accreditation is one of the credential requirements for a first-level health service facility that cooperates with government insurance. quality management systems and service delivery systems and programs, as well as the application of risk management, and not just an assessment to obtain an accreditation certificate. The approach used in public health services accreditation is the safety and rights of patients and families, while still paying attention to the rights of officers. Likewise, accreditation is one of the credential requirements for a first-level health service facility that cooperates with BPJS. risk management, and not just an assessment to get an accreditation certificate.

The approach used in community health center accreditation is the safety and rights of patients and families, while still paying attention to the rights of officers. Likewise, accreditation is one of the credential requirements for a first-level health service facility that cooperates with BPJS. risk management, and not just an assessment to get an accreditation certificate. The approach used in Community Health Centre accreditation is the safety and rights of patients and families, while still paying attention to the rights of officers. as well as the application of risk management, and not just an assessment to obtain an accreditation certificate. The approach used in Community Health Centre Accreditation is the safety and rights of patients and families, while still paying attention to the rights of officers. as well as the application of risk management, and not just an assessment to obtain an accreditation certificate. The approach used in Community Health Centre accreditation is the safety and rights of patients and families, while still paying attention to the rights of officers. This principle is upheld as an effort to improve the quality and safety of services (Kementerian Kesehatan Republik Indonesia, 2022).

F. The Process of Preparing a Management Problem Solving Plan

The management process is holistic, this is because it involves many interacting sides. Planning in nursing management based on the period

is divided into 3 types, namely short-term, medium-term, and long-term planning.

Short-term planning or what is known as operational planning is planning made for activities with a period of one hour to one year. Medium-term planning is planning made for activities with a period of between one year and five years, while long-term planning is often called strategic planning for activities of three to 20 years. In planning in the treatment room, short-term planning is usually used, namely daily, monthly, and annual plans. To map a problem, an analysis such as SWOT and fishbone analysis is needed (Oh et al., 2019). The steps that need to be taken to make a plan are:

1. Situation Analysis

Profitable Growth Approach is planning that is carried out by analyzing the production facilities owned and associated with the needs that arise from the environment. Strive for a balance between owned facilities and environmental needs.

2. SWOT Analysis: Strengths, Weaknesses, Opportunities, Threats

SWOT analysis is a form of situation and condition analysis that is descriptive in nature (gives an overview). This analysis places situations and conditions as input factors, which are then grouped according to their respective contributions. One thing that users of SWOT analysis should keep in mind is that SWOT analysis is simply an analytical tool that is intended to describe the situation that is being faced or that may be faced by the organization, and not a “magic” analysis tool. who can provide a “magic” solution to the problems faced by nursing service organizations? The analysis is divided into the following four basic components:

- a. Strength (S) is a situation or condition that is the strength of nursing at this time.
- b. Weakness (W) is a situation or condition that is a weakness of nursing or nursing care service programs at this time.
- c. Opportunity (O) is a situation or condition that is an opportunity for future nursing services to develop.

- d. Threats (T).is Threats are elements in the environment that could cause trouble for the business or project (Ding, 2022).

Elements of management or resources for management are things that are capital for management services, with that capital it will better guarantee the achievement of the goals consisting of 6M, namely:

- a. M1 (Man): Manpower/human resources.
- b. M2 (Material): Facilities and infrastructure
- c. M3 (Method): Method of nursing care.
- d. M4 (Money): Income
- e. M5 (Quality): patient safety, patient satisfaction, comfort, anxiety, self-care, patient knowledge/behavior.
- f. M6 (Machine): Tools, machines.

SUMMARY

Planning requires managerial expertise in health-care economics, human resource management, political and legislative issues affecting health care, and planning theory. Planning also requires the leadership skills of being sensitive to the environment, being able to appraise accurately the social and political climate, and being willing to take risks. Clearly, the leader-manager must be skilled in determining, implementing, documenting, and evaluating all types of planning in the hierarchy because an organization's leaders are integral to realizing the mission of the organization. Managers then must draw on the philosophy and goals established at the organizational and nursing service levels in implementing planning at the unit level. Initially, managers must assess the unit's constraints and assets and determine its resources available for planning. The manager then draws on his or her leadership skills in creativity, innovation, and futuristic thinking to problem solve how philosophies can be translated into goals, goals into objectives, and so on down the planning hierarchy. The wise manager will develop the interpersonal leadership skills needed to inspire and involve subordinates in this planning hierarchy. The manager also must demonstrate the leadership skill of being receptive to new and varied ideas. The final step in the process involves articulating identified goals and objectives clearly; this learned

management skill is critical to the success of the planning. If the unit manager lacks management or leadership skills, the planning hierarchy fails.

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of nursing management planning?
2. What is the different between explain the vision and mission?
3. What is the type of planning prepared by the head nurse?
4. What is the planning of nurse career level?
5. How the planning in the management of nursing care in ward and health centers according to national and international accreditation standards?
6. How the process of preparing a management problem-solving plan?

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CHAPTER V

NURSING MANAGEMENT ORGANIZATION



INTRODUCTION

When managers engage in designing their work unit's structure, they are organizing. The organizing function includes determining what tasks are to be done, who is to do them, how the tasks are to be grouped, who reports to whom, and where decisions are to be made. Every organization contains people, and it is the management's job to direct and coordinate those people. This is the leading function. When managers motivate employees, direct their activities, select the most effective communication channels, or resolve conflicts, they're engaging in leading. To ensure things are going as they should, management must monitor the organization's performance and compare it with previously set goals. If there are any significant deviations, it is the management's job to get the organization back on track. This monitoring, comparing, and potential correcting is the controlling function.

KEY TERMS

Organization	Authority
Head nurse	Unity of command
Organizational Culture	Ad Hoc Design
Bureaucratic organizational	Matrix Structure Flat Designs
	Organizational Climate

LEARNING OBJECTIVE

Able to master the concept of organizing nursing management

A. Basic concepts, goals, and organizational principles

- B. Types of organizational structure in nursing
- C. Differences in culture and organizational climate
- D. Implementation of nursing organization in wards and health centers, nurse's clinical authority

A. Basic Concepts, Goals and Organizational Principles

1. Basic Concepts

Nursing management is a process of working through nursing staff members to provide care, treatment and assistance to patients. Nursing work must be arranged in such a way that the goals of service and nursing care can be achieved. In providing nursing services to patients, nurses apply nursing management in the form of nursing care management. An organization is a social unit made up of two or more people to continuously achieve a common goal. The organization is needed so that tasks can be accomplished collectively rather than individually (Marquis Bessie L & Huston Carol J, 2017; Robbins & Judge, 2013).

According to (Robbins & Judge, 2017) organizing means organizing or designating tasks, delegating employees to fulfill their obligations, grouping tasks to be performed, ensuring the flow of authority, and making decisions. How have permissions in Organization arisen according to the organization's needs to achieve its goals? The organizational structure has four blocks: Units, Departments, Top/Senior Levels, and Business Levels. According to (Kementerian Kesehatan Republik Indonesia, 2022), organizing is the grouping/is to regulate. Nursing service organization is understood to be the process of grouping activities into roles, authorities, and responsibilities and coordinating both vertical and horizontal activities undertaken by nursing staff to achieve established goals. increase. This feature includes what tasks need to be done, who needs to do them, how tasks are grouped, who reports to whom, when and where caregivers can make decisions (Mugianti Sri, 2016). An organization is a collection of people you cannot separate people from their environment.

2. Purpose of the Organization

The goals of the organization according to Whitehead, Weiss, and Tappen (2015) are:

a. Survival

To support the existence of the organization together.

b. Growth

To be able to establish branches in several regions and add new facilities and services.

c. Profit

The organization must also be able to pay the bills so that they don't have any long-term liabilities.

d. Status

The management of today's organizations desperately wants the organization to be the best and most famous

e. Dominance

An organization can survive and be the best without anyone surviving to leave the organization and become competitive.

3. Principles of Organization

According to (Robbins & Judge, 2017) it has four Organizational principles including:

a. The chain of command principle

This principle allows effective satisfaction of members economically and success in achieving goals. Organization in nursing, the chain of command is flat, with managers and employees technical and administrative support for the implementation of nurses.

b. Unit of command principle

This principle suggests nurses have one leader and one plan. Primary nursing and case management support this unit of command principle.

c. Span of control principle

According to the control principle, each nurse should be able to exercise effective control over numbers, functions and geography. Nurses should have more control to avoid mistakes. In this case, the head of the room must do more coordination.

d. Principle of specialization

This principle suggests that each person should show a leadership role, so there is a division of labor that forms departments

B. Types of Organizational Structure in Nursing

1. Organizational Structure

Organizational Structure determines how work is formally divided, grouped, and coordinated. Organizational structure is a determination of how work is divided, and formally grouped. According to (West, 2013) there are key elements that managers need to pay attention to when they want to design an organizational structure. The six elements are work specialization, departmentalization, chain of command, span of control, centralization, decentralization, and formalization.

2. Work Specialization

Work specialization, or division of activities within the organization is divided into several separate jobs. The essence of job specialization is that instead of having the whole job done by an individual, it is broken down into several stages, with each stage completed by a separate individual. In essence, individuals specialize in doing part of an activity rather than the whole activity.

3. Departmentalization

After breaking down the work through specialization, the next step is to group them so that the same tasks can be coordinated on a single basis. This basis for grouping jobs is called departmentalization. Departmentalization based on functions can be used in all types of organizations, it's just that these functions can change to reflect the goals and activities of the organization. For example, a hospital might have departments devoted to research, patient care, bookkeeping, and so on.

4. Command Chain

The chain of command is an unbroken line of authority from the top of the organization to the lowest echelons and clarifies who is responsible

for whom. When discussing the chain of command two other concepts must be discussed to complement each other, namely:

a. Authority

This authority refers to the rights inherent in a managerial position to give orders and expect those orders to be obeyed. To facilitate coordination, each managerial position is assigned a place in the chain of command, and each manager is assigned a level of authority to fulfill his or her responsibilities.

b. Unity of command (unity of command)

The principle of unity of command is to help perpetuate the concept of an unbroken line of authority. This principle states that a person has only one boss, to whom he is directly responsible. If the unity of command breaks down, an employee may have to deal with conflicting demands or priorities from several superiors.

5. Span of Control

The span of control is how many subordinates a manager can manage effectively and efficiently. The scope of control is very important because it determines the level of structure and how many managers an organization needs. The wider the scope, the more efficient the organization. However, under certain circumstances, a wider range may reduce effectiveness. That is, if the span becomes too wide, employee performance suffers because supervisors no longer have the time to provide the necessary leadership and support.

Whereas for narrow or small spans by limiting the span of control to five or six employees, a manager can maintain good control. But the narrow range also has three drawbacks including:

a. Narrow span, has a high cost because it increases the level of management.

b. Makes vertical communication within the organization more complicated. This additional level of hierarchy slows down decision-making and tends to isolate upper management.

c. Narrow spans of control encourage supervision that is too tight, thereby inhibiting employee autonomy.

6. Centralization and Decentralization

Centralization refers to the degree to which decision-making is concentrated at a single point in the organization. Centralization also occurs when top management makes key organizational decisions with little or no input from lower levels. Conversely, decentralization is when lower levels are allowed to provide input for decision-making or even given the authority to make decisions.

According to (Marquis Bessie L & Huston Carol J, 2017) decentralized decision-making occurs when decisions are made throughout the organization, at the lowest level in the organization. In decentralized decision-making, authority, responsibility, and accountability are given to the person closest to the problem to solve the problem. This method increases employee morale and job satisfaction. Employees given this authority tend to be more motivated and feel valued as members of the organization.

7. Formalization

Formalization refers to the degree to which jobs within the organization are standardized. If a job is very formal, the job organizer will have very little freedom over what to do, when to do it, and how to do it. Employees are expected to always handle consistent and uniform output.

Organizations with a high level of formalization have clear job descriptions and a variety of organizational rules and procedures that are clearly defined. Whereas organizations with a low level of formalization have relatively unprogrammed work behavior and employees have a lot of freedom to exercise their discretion regarding work. Because an individual's freedom on the job is inversely related to the amount of behavior on the job that is pre-programmed by the organization, the greater the standardization the less input employees have about how a job should be performed.

8. Type of Organizational Structure

According to (Marquis Bessie L & Huston Carol J, 2017) usually, a nursing department uses one of several types of organizational structures such as bureaucratic, ad hoc, matrix, flat, or a combination of several structures. The type of structure used in healthcare facilities influences patterns of communication, relationships, and authority within an organization.

a. Bureaucratic

Bureaucratic organizational designs are commonly referred to as line structures or line organizations. Decision-making and power are held by a few people at the top level. Everyone who has some power and authority is responsible for only a few people. There are many layers of departments, and communication tends to move slowly in this type of system. Many people are familiar with this structure so it is not difficult to orient someone into this structure. In this structure, authority and responsibility are regulated very clearly. The problem with this structure is adherence to the communication chain of command, which limits upward communication. Good leaders push communication upwards to compensate for losses. However, when the line of position is clearly defined, exiting the communication chain of command by communicating upwards is usually inappropriate. According to Robbins (2013), bureaucracy is characterized by very routine operating tasks achieved through specialization, very formal rules and regulations, tasks that are grouped into various functional departments, centralized authority, narrow spans of control, and decision-making following the chain of command.

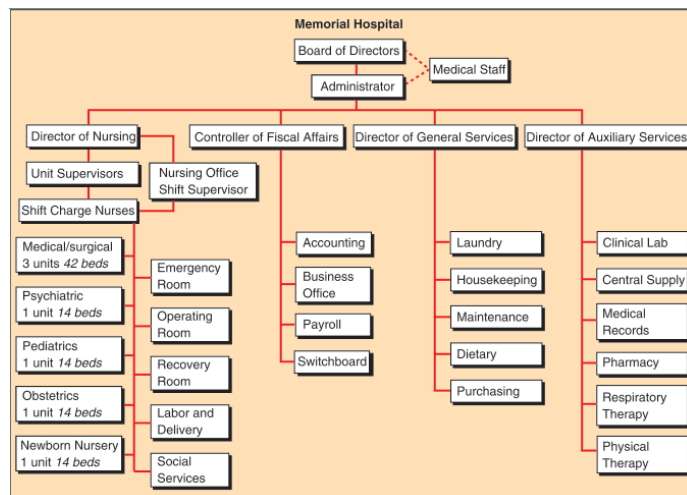


Figure 5.1 Sample Organizational Chart
Adapted from (Marquis & Huston, 2017)

b. Ad Hoc Design

Ad Hoc Design is a modification of the bureaucratic structure and is sometimes used temporarily to facilitate the completion of a project along formal organizational lines. Ad hoc structures are a means of overcoming the inflexibility of structural lines. The ad hoc structure uses a team project or task approach and usually disbands when the project is completed. The disadvantages of this structure are reduced strength in the formal chain of command and decreased employee loyalty to the parent organization.

c. Matrix Structure

Matrix organization structure is designed to focus on product and function. Functions are described as all the tasks needed to produce a product, and the product is the result of that function. For example, the criterion of good patient outcomes is a product whereas adequate staffing is a function necessary to produce a good product. The matrix organizational structure has a vertical and horizontal chain of command. However, there are less formal rules and fewer hierarchical levels. In this structure, making decisions can take longer due to the need to exchange information, and it can confuse workers because of the design of the two powers.

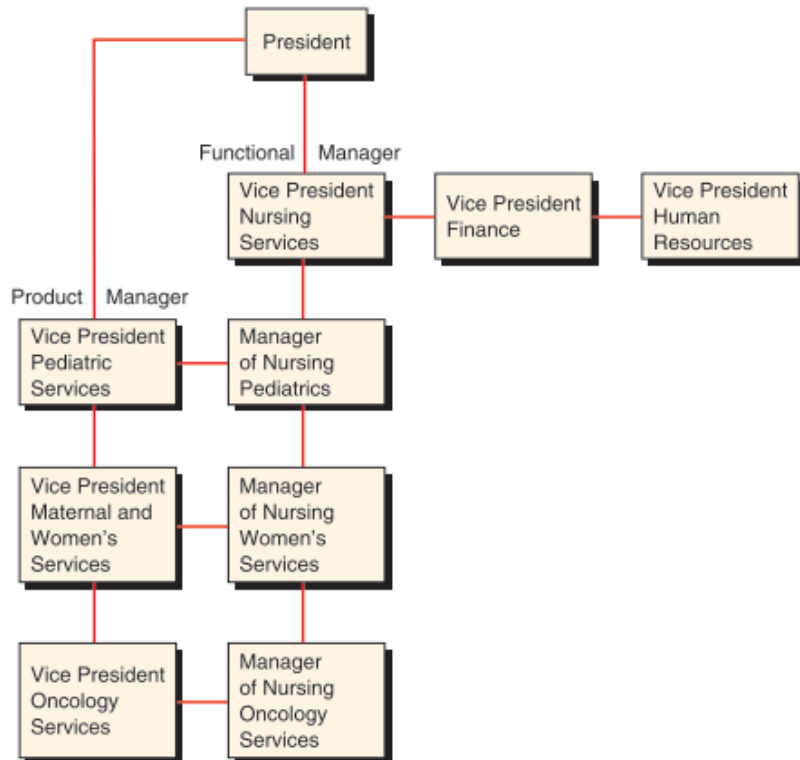


Figure 5 Sample Matrix Organizational Structure
Adapted from (Marquis & Huston, 2017)

d. Flat Designs

Flat organizational designs are an attempt to shift layers of the hierarchy by smoothing the chain of command and decentralizing the organization. At the right time, when an organization's finances are rich, it is easy to add layers within an organization to get a job done. But when organizations start to feel financially down, they often look to their hierarchy to see what positions they can eliminate. In this design, there is a continuity of policy lines, and because of this organizational structure, there are more policymakers and authorities. Many managers find it difficult to relinquish control, and yet this structure retains many of the characteristics of bureaucracy.

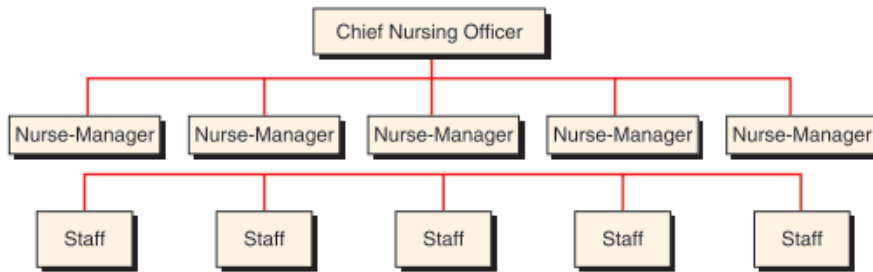


Figure 5.2 Sample Flat Designs
Adapted from (Marquis & Huston, 2017)

9. Factors Causing Differences in Organizational Structure (Marquis & Huston, 2017)

a. Strategy

The organizational structure is one of the means used by management to achieve its goals. Because objectives are derived from an organization’s strategy, it makes sense that strategy and structure must be closely linked. More precisely, the structure must follow strategy. If management makes significant changes in its organizational strategy, the structure also needs to be modified to accommodate and support these changes. Most strategy frameworks focus on three dimensions of strategy namely:

Innovation strategy

- 1) A strategy that emphasizes the introduction of new products and services that are a mainstay.
- 2) Cost minimization strategy
- 3) Strategies that emphasize strict cost control avoid unnecessary innovation and marketing expenditures, and cut prices.
- 4) Imitation strategy
- 5) The copying strategy makes use of the best of the two previous strategies. This strategy minimizes risk and maximizes profit opportunities.

b. Organization Size

Size is the size of an organization as seen from the number of people in the organization. There is ample evidence to support the idea that the size of an organization significantly influences its structure.

c. Technology

Technology refers to the way an organization transforms inputs into outputs. Every organization has at least one technology for converting financial, human, and physical resources into products or services.

d. Environment

The environment of an organization from institutions or forces outside the organization that have the potential to affect organizational performance. The structure of an organization is influenced by its environment because the environment is always changing. Some organizations face a static environment with little power in their changing environment. Meanwhile, organizations face a very dynamic environment, where government regulations change rapidly and affect their business, new competitors, difficulties in obtaining raw materials, changing customer preferences for products, and so on. Significantly, a static environment provides managers with less uncertainty than a dynamic environment. Because uncertainty is a threat to an organization's effectiveness,

e. Organizational Effectiveness

There is no "best" way to create an organizational structure. One must always consider variables, such as the size of the organization, human resource capabilities, and the level of employee commitment. Regardless of the type of organizational structure used, certain minimal requirements can be identified:

- 1) Structures should be clearly defined so that employees know where they are and whom to turn to for help
- 2) The aim should be to establish the fewest levels of management and have the shortest chain of command. This eliminates friction, stress, and inertia
- 3) Unit staff also need to be able to see where their duties best fit the general tasks of the organization

- 4) The organizational structure should enhance, not hinder communication
- 5) The organizational structure should facilitate decision-making that results in the best work performance
- 6) Staff should be organized in a way that encourages informal groups to develop a sense of community
- 7) Nursing services must be organized to facilitate the emergence of future leaders. (Marquis & Huston, 2017)

C. Differences in Culture and Organizational Climate

1. Definition of Culture

Organizational culture is the totality of an organization's values, language, traditions, customs, and sacred cows, the few things that exist within an organization and are not subject to debate or change. Organizational culture includes the expectations, experiences, philosophies, and values that hold an organization together and is expressed in self-image, inner life, interactions with the outside world, and future expectations.

However, corporate culture should not be confused with organizational climate, or how employees perceive the organization. For example, employees may perceive an organization as fair, friendly, and informal, while others perceive it as formal and highly structured. Perceptions can be accurate or inaccurate, and people within the same organization can have different perceptions of the same organization. An organization's climate and culture may differ, as the organizational climate is an individual's view of the organization (Marquis & Huston, 2017).

2. Cultural Forms

Three forms of organizational culture have been identified. A positive culture is a culture built in which members are encouraged to interact with others and to approach tasks in a proactive manner that will help them to fulfill their required satisfactions. Building a culture based on achieving self-actualization, humanitarian encouragement, and affiliation norms. The other two cultures are passive-aggressive and defensive-aggressive in member interactions in guarding and reactive ways and approach tasks as a strong

way to protect their existence and safety (Marquis Bessie L & Huston Carol J, 2017) These two cultures are based on consent, conventional, dependent, and avoid norms and opposition, power, competition.

3. Functions of Organizational Culture

Stated that the function of organizational culture depends on internal and external functions. The internal function is related to the integration of the various resources in it, including human resources. While the external function of organizational culture is to adapt to the environment outside the organization. So externally the organizational culture will always adapt to the cultures outside the organization, and so on so that there will always be adjustments to the organizational culture. Soetopo further explained that the stronger the organizational culture, the less easily the organization will be influenced by external cultures that develop in its environment.

4. Organizational Climate

Say the organizational climate is a quality of the organization's internal environment experienced by its members, influencing their behavior and can be described with organizational characteristic values, aspects of the definition of organizational climate as follows (Nakrem, 2015):

- a. Organizational climate is related to large units that contain certain characteristics
- b. Organizational climate describes an organizational unit more than assessing it
- c. Organizational climate comes from organizational practices
- d. Organizational climate influences the behavior and attitudes of member orientation.

About organizational climate, steers in Soetopo (2010) state that organizational climate can be seen from two perspectives, namely

- a. Organizational climate is seen from the perceptions of members of their organization
- b. Organizational climate is seen from the relationship between organizational activities and management behavior.

D. Implementation of Nursing Organization in the Nursing Room and Community Health Center, the Authority of the Nurse Clinic

1. Organizational structure

The organizational structure of the inpatient room consists of a form structure and a chart. Various structures. The form and chart can be used depending on the size of the organization and the goals to be achieved. The ward as a place and activity center for nursing services needs to have an organizational structure, but the ward is not included in the organizational structure of the hospital, as seen from the Decree of the Minister of Health no. 134 and 135 of 1978, therefore the director of the hospital needs to issue a decree that regulates the organizational structure of the inpatient room.

Based on the director's decree, an organizational structure for the wards was created to describe the pattern of relationships between superior divisions or staff, both vertically and horizontally. It can also be seen in the position of each section, authority and responsibility, and accountability. The form of the organization can also be adjusted to the grouping of activities or the assignment system used.

2. Activity Grouping

Every organization has a series of tasks or activities that must be completed to achieve the goal. Activities need to be collected according to certain specifications. Organizing activities are carried out to facilitate the division of tasks among nurses. by the knowledge and skills possessed by the participants and by the needs of the client. organizing nurse assignments is called the assignment method. Nursing is given because of the client's inability, ignorance, and inability to carry out activities for himself to achieve optimal health status.

Every nursing activity is directed towards achieving goals and the nursing manager must always coordinate, direct and control the process of achieving goals through interaction, communication, and work integration among the nursing staff involved. To achieve this goal, the nursing manager, in this case, the head of the room, is responsible for organizing the existing nursing staff and nursing service activities to be carried out according to the needs of the client, so the head of the room needs to categorize clients

who are in their work units. According to client categories are based on: The level of nursing service needed by the client, for example independent, minimal, partial, total, or intensive nursing. Age: child, adult, old age.

Diagnosis of health problems experienced by clients such as orthopedic surgery, and skin care. Therapy is carried out, for example rehabilitation, and chemotherapy. In some of these hospitals, the grouping of clients is based on a combination of the categories above. Furthermore, the head nurse is responsible for determining what nursing preparation methods are appropriate to use in his work unit to achieve goals by the number of categories of personnel in the room.

3. Clinical Performance Management

Clinical performance management is an effort to improve nurses' managerial skills and performance in healthcare institutions to achieve quality services (Ministry of Health RI, 2015). Clinical performance management is based on nurse professionalism, science and technology, formal legal aspects, and ethical foundations. Clinical performance management is carried out to improve the quality of nurse services in healthcare institutions. In the application of clinical performance management, nurses are expected to increase knowledge and skills, comply with established standards, have good managerial skills, carry out quality nursing care and ultimately meet community expectations. in terms of quality health services.

4. Implementation needs to take the following steps

- a. Formulate assignment system
- b. Explain the details of the duties of the team leader.
- c. Describe the span of control in the ward
- d. Organize and control the nursing staff in the wards
- e. Organize and control room logistics/room facilities
- f. Manage and control the practice field situation
- g. Delegate tasks to the team leader
- h. Provide direction to the team leader
- i. Motivate in improving team members' knowledge, skills, and attitudes
- j. Give praise to team members who carry out tasks well

- k. Guide subordinates
- l. Increase collaboration with team members
- m. Supervise
- n. Provide information on matters relating to nursing service in the room for reporting and documentation

5. Nursing Management in Health Centers Through Clinical Performance Management.

Management is a process of completing work through other people, while nursing management is a process of working through nursing staff members to provide professional nursing care. Nursing managers are required to plan, organize, lead, and evaluate the available facilities and infrastructure to be able to provide nursing care that is as effective and efficient as possible for individuals, families, and communities. So far, nursing management has not been carried out properly at the Community Health Centre. Unlike in hospitals or private clinics. Indeed, the management of Community Health Centres, in general, has been regulated by the government, including recording and reporting. However, the main duties and functions of nurses as executors of nursing care are rarely touched on in their application. Therefore, it is not surprising that educational institutions prefer hospitals as a place to practice nursing management. Of course, it is a big loss if professionals with professional degrees (Ners) do not know what steps to take for managerial nursing at the Community Health Centre.

The optimum strategy to implement nursing administration and deliver high-quality nursing services needs to be this. The only real difference between nursing management and clinical performance management is the terminology. Both in terms of its stages and the components that make it up, nursing management is identical to clinical performance management. The three stages of nursing management are input, process, and output. There are standards for clinical performance management, including those for systems, processes, budgets, equipment, and supplies that are a part of data collecting and planning. A job description is included in clinical performance management along with personnel, organization,

job descriptions, and teamwork in nurse management. Task evaluation, decision-making, influencing decisions, influencing change, patient audits, and performance evaluation are all examples of performance indicators. There is a phrase called the Nursing Round that is specifically used for case reflection talks. However, the case reflection discussion also covers staff development, organization, task evaluation, teamwork, issue-solving, and research. Task evaluation, absenteeism reduction, turnover management, dispute resolution, communication and transactional analysis, and computer information systems are all part of monitoring. Learning organization and coaching are two of the abilities and methods that must be acquired in clinical performance management. The ability to learn organization is a skill that all primary nurses must possess. Primary nurses will be able to manage the linked nurses they supervise with the use of a learning organization. Nursing professionals should all be able to coach.

SUMMARY

The manager must not rely too heavily on committees or use them as a method to delay decision making. Numerous committee assignments exhaust staff, and committees then become poor tools for accomplishing work. An alternative that will decrease the time commitment for committee work is to make individual assignments and gather the entire committee only to report progress. In the leadership role, an opportunity exists for important influence on committee and group effectiveness. A dynamic leader inspires people to put spirit into working for a shared goal. Leaders demonstrate their commitment to participatory management by how they work with committees. Leaders keep the committee on course. Committees may be chaired by an elected member of the group, appointed by the manager, or led by the department or unit manager. Informal leaders may also emerge from the group process. It is important for the manager to be aware of the possibility for groupthink to occur in any group or committee structure. *Groupthink* occurs when group members fail to take adequate risks by disagreeing, being challenged, or assessing discussion carefully. If the manager is actively involved in the work group or on the committee, groupthink is less likely to occur. The leadership role includes teaching

members to avoid groupthink by demonstrating critical thinking and being a role model who allows his or her own ideas to be challenged.

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of organizational principles?
2. What are the types of organizational structure in nursing?
3. What are the differences in culture and organizational climate?
4. How the implementation of nursing organization in wards and health centers, nurse's clinical authority

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CHAPTER VI

CONCEPT OF STAFFING IN NURSING MANAGEMENT



INTRODUCTION

After planning and organizing, staffing is the third phase of the management function. In staffing, the leader of nursing manager recruits, selects, places, and develops nurses to accomplish the organization's goals. Although each step has some interdependence with all staffing activities. These steps, which are depicted in the learning objective.

KEY TERMS

- Primary method
- Case method
- Functional method
- Team method
- Training
- Education
- Head nurse
- Primary nurse
- Associate nurse
- Minimal care
- Partial care
- Total care
- Handoff
- Pre-conference
- Post-conference

LEARNING OBJECTIVE

After reading the contents of this chapter, you should be able to

- A. Explain the described staff development
- B. Identify the recognize the models of professional nursing practice
- C. Explain the determine the staff nurses needed for one shift.
- D. Explain the recognize the job descriptions for a head nurse, primary nurse, associate nurse

- E. Identify the client classification system
- F. Explain the concept of handover
- G. Explain the pre- and post-conference nursing services

A. Staff Development

Staff development is an integral part of developing hospital human resources to improve the performance and quality of nursing services in hospitals. The clarity of the staff development system through education and training programs is needed to increase the work motivation and professionalism of the nursing staff so that optimal productivity can be achieved.

Education and training are two components of staff development. Managers historically had a greater responsibility for seeing that staff were properly trained than they did for meeting educational needs. A more equal balance has been achieved in the past two decades. This program is designed to provide education and training to staff through a curriculum that suits their needs with specific targets (time, materials, skills). The implementation of this program is through a committee or certain competent institutions/institutions.

Training may be defined as an organized method of ensuring that people have knowledge and skills for a specific purpose and that they have acquired the necessary knowledge to perform the duties of the job. The knowledge may require increased affective, motor or cognitive skills.

Education is more formal and broader in scope than training. Whereas training has immediate use, education is designed to develop individuals in a broader sense. Recognizing educational needs and encouraging educational pursuits are the roles and responsibilities of the leader. Managers may appropriately be requested to teach classes or courses; however, unless they have specific expertise, they would not normally be responsible for an employee's formal education.

The following learning concepts may also be helpful to the leader-manager (Marquis Bessie L & Huston Carol J, 2017) in meeting the learning needs of staff in Los:

- *Readiness to learn.*
This refers to the maturational and experiential factors in the learner's background that influence learning and is not the same as motivation to learn. *Maturation* means that the learner has received the prerequisites for the next stage of learning. The prerequisites may involve actions or prior knowledge. *Experiential factors* are skills previously acquired that are necessary for the next stage of learning.
- *Motivation to learn.*
If learners are informed in advance about the benefits of learning specific content and adopting new behaviors. They are more likely to be inspired to participate in the training sessions and pick up new information. Telling employees why and how specific educational or training programs will benefit them personally is a vital management function in staff development
- *Reinforcement.*
Because a learner's first attempts are often unsuccessful, a preceptor is essential. Good preceptors can reinforce desired behavior. Once the behavior or skill is learned, it needs continual reinforcement until it becomes internalized.
- *Task learning.*
The learning of complex tasks is facilitated when tasks are broken into parts, beginning with the simplest and continuing to the most difficult. It is necessary, however, to combine *part learning* with *whole learning*. When learning motor skills, *spaced practice* is more effective than *massed practice*.
- *Transfer of learning.*
The goal of training is to transfer new learning to the work setting. For this to occur, there should first be as much similarity between the training context and the job as possible. Second, adequate practice is mandatory, and *overlearning* (learning repeated to the degree that it is difficult to forget) is recommended. Third, the training should include a variety of different situations so that the knowledge is generalized. Fourth, whenever possible, important features or steps in a process should be identified. Finally, the learner must understand the basic

principles underlying the tasks and how a variety of situations will modify how the task is accomplished. Learning in the classroom will not be transferred without adequate practice in a simulated or real situation and without an adequate understanding of underlying principles.

B. Models of Professional Nursing Practice

Here is the practice of nursing in the hospital. will continue to develop in the future in the face of the trend of nursing services

Type of Nursing Care Model

Table 6.1 Type of Nursing Care Model

Method	Description	The Coordinator
Functionally (not included Model of Professional Nursing Practice)	<ol style="list-style-type: none"> 1. Based on the routine of nursing. 2. The nurse performs certain tasks based on existing activities. 3. Functional methods implemented by nurses only perform 1–2 types of nursing interventions for all patients 	Nurses are responsible for their actions.
Cases	<ol style="list-style-type: none"> 1. Based on a holistic approach. 2. The nurse is responsible for the adoption and observation of a particular patient. 3. ratio: 1 to 1 (patient: nurse). every patient All the nurses serving. 4. Everything they need when they are in service. The method of treatment is usually carried out by one patient. 5. Nurses are usually employed by private nurses. or for special purposes such as isolation, incentive care 	Case leaders
Team	<ol style="list-style-type: none"> 1. Based on a group of nursing philosophies. 2. Six to seven professional nurses working as a team, supervised by the Head of the Team. 3. This method uses a team that consists of different types in giving treatment to a group of patients. The nurses are divided into 2-3 teams. It consists of professional, technical and servants in a small group and helps 	Head of Team

Method	Description	The Coordinator
Primary	<ol style="list-style-type: none"> 1. Based on the combined action of the Philosophy of Nursing. 2. The nurse is responsible for all aspects of nursing care 3. Method of assignment in which one nurse 4. Full responsibility for 24 hours. Patient care starts from the patient's entrance. To get out of the hospital. 5. Increased Practice 6. The nurses have a clear relationship with the manufacturer. Assignment and execution plan. This primary method is characterized by a strong and continuous connection between the patient and the assigned nurse 	Primary Nurse

Adapted from (Korniewicz, 2015; Marquis Bessie L & Huston Carol J, 2017)

1. Functional Method Concept

Functional methods implemented by nurses in the management of nursing care. Nursing was the primary choice during World War II. At that time, As the number of nurses is limited, every nurse is a nurse (Nursalam, 2022).

Only one or two types of interventions (e.g., care for all patients in the hospital).

The advantage:

- a. classical management that emphasizes efficiency, clear task division, and good surveillance.
- b. excellence for hospitals with a shortage of energy;
- c. Senior nurses that occupy themselves with managerial duties, while the nurse patients are transferred to junior and/or inexperienced nurses.

The weaknesses:

- a. not satisfying the patient or nurse;
- b. Separating nursing services, unable to implement the process of the treatment;
- c. The perception of nurses tends to actions related to skills

2. Concept of Case Method

Every nurse is assigned to serve the entire needs of the patient while he is in service. Patients will be treated by different nurses for each shift, and there is no guarantee that the patient will be treated by the same person the next day. The case assignment method is commonly applied to one patient and one nurse, and this is generally applied for private/private nurses in providing special nursing support such as cases of isolation and intensive care (Nursalam, 2022).

The advantage:

- a. The nurse understands the case-by-case.
- b. Evaluation of the management system becomes easier.

The weaknesses:

- a. The nurse has not been identified.
- b. They need a lot of energy and have basic abilities. the same.

3. Team Method Concept

The team method is a method of assigning nursing care provided by a group of nurses. The team method was developed to improve the quality of providing better nursing care by using available staff. The purpose of giving the team method in nursing care is to provide nursing care to the objective needs of the patient so that the patient feels satisfied. In addition, the team method can improve the cooperation and coordination of nurses in carrying out tasks, allowing for the transfer of knowledge and transfer of experience between nurses in providing nursing care and increasing the knowledge and skills and motivation of nurses in providing nursing care.

a. Elements of the Team Method

The team method has several elements necessary for the effective and efficient implementation of team nursing. Elements of the team method include leadership, communication, coordination, and assignment. The optimal implementation of the team method is inseparable from the roles and functions of the head of the room, team leader, and team members.

b. Leadership of Team Method

Leadership is a relationship that is created from the influence that someone has on other people so that other people voluntarily want and are willing to work together to achieve the desired goals leadership is an important aspect for a leader because he or she must be able to carry out various activities and leadership roles to plan, mobilize, motivate, and control group members to achieve goals that have become a mutual agreement. Meanwhile, leadership is a process of directing and influencing the activities of a group of members whose tasks are interrelated. explain the roles of leaders which include decision-making, communicators, evaluators, facilitators, risk-takers, counselors, cheerleaders, instructors, counselors, and educators. Marquis and Huston further added that the role of a leader is a critical thinker, mediator, advocate, forward-looking, able to predict, Influencer, creative problem solving, change agent, diplomat, and role model.

Based on the above understanding, leadership is an important element in the team method. A person's leadership style has a great influence on the climate and results of group work. In team nursing, it is usually associated with democratic leadership. Group members are given as much autonomy as possible when carrying out assigned tasks, even though the team shares responsibilities simultaneously. In implementing the team method, the team leader can gain practical experience in implementing democratic leadership in directing and coaching its members. Leaders will also learn how to maintain good human relations and how to coordinate various activities carried out by several team members together (Marquis Bessie L & Huston Carol J, 2017).

c. Strengths and Weaknesses of the Team Method

According to the team, the method is inseparable from strengths and weaknesses. The advantages and disadvantages of applying this nursing method are described as follows:

The advantage

- a. can facilitate comprehensive nursing services
- b. enable implementation of the nursing process
- c. can control conflict between staff through meetings and effective learning.
- d. give satisfaction to team members in interpersonal relationships
- e. enable the effective improvement of the capabilities of different team members
- f. increasing cooperation and communication among team members can produce high morale, improve overall staff functioning, and give team members the feeling that they have contributed to the outcome of the nursing care provided
- g. produce quality nursing care that can be accounted for
- h. motivate nurses to always be with clients while on duty

Weaknesses

- a. The team leader spends a lot of time coordinating and supervising team members and must have high skills as both a nurse manager and a clinical nurse
- b. Nursing team creates nursing fragmentation if the concept is not implemented
- c. Team meetings take time so that in busy situations team meetings are eliminated, so that communication between team members is disrupted
- d. Unskilled and inexperienced nurses always depend on or take refuge in capable team members
- e. Accountability from the team becomes blurred
- f. Inefficient when compared to the functional model because it requires highly skilled personnel

4. Case Method

Every nurse is assigned to serve all the needs of the patient while he is in service. Patients will be treated by a different nurse for each shift.

Guarantee that the patient will be treated by the same person the next day. The case assignment method is commonly applied to one patient and one nurse, and this is generally applied for private/private nurses in providing special nursing support such as cases of isolation and intensive care.

The advantage:

- a. The nurse understands the case-by-case.
- b. Evaluation of the management system becomes easier.

Weaknesses:

- a. The nurse has not been identified.
- b. They need a lot of energy and have the same basic abilities.

5. Primary Team

The assignment method is in which one nurse is fully responsible for the nursing care of the patient for 24 hours from the time the patient enters the hospital. Promoting the practice of nursing independence, there is clarity between planners and executives. This primary method is characterized by a strong and continuous link between the patient and the nurse assigned to plan, carry out, and coordinate nursing care while the patient is treated.

The advantage:

- a. continuity and comprehensives;
- b. high accountability gains for primary nurses to results and enable self-development; Benefits to Patients, Nurses, Doctors and Hospitals.

C. Determine the Staff Nurses Needed for One Shift

1. Douglas method

Douglas determines the number of nurses needed in a care unit based on client classification, where each category has a standard value per shift, which is as follows:

Table 6.2 Client Classification

	Client Classification								
	Minimum			Partial			Total		
	Morning	Evening	Night	Morning	Evening	Night	Morning	Evening	Night
1.	0,17	0,14	0,07	0,27	0,15	0,10	0,36	0,30	0,20
2.	0,34	0,28	0,14	0,54	0,30	0,20	0,72	0,60	0,40
3.	0,51	0,42	0,21	0,81	0,45	0,30	1,08	0,90	0,60
Etc									

Example: Inpatient room with 17 clients, including 3 clients with minimal dependency, 8 clients with partial dependency, and 6 clients with total dependency.

	Minimum	Partial	Total	Number of
Morning	$0,17 \times 3 = 0,51$	$0,27 \times 8 = 2,16$	$0,36 \times 6 = 2,16$	4,83 (5) people
Evening	$0,14 \times 3 = 0,42$	$0,15 \times 8 = 1,2$	$0,30 \times 6 = 1,8$	3,42 (4) people
Night	$0,07 \times 3 = 0,21$	$0,10 \times 8 = 0,8$	$0,20 \times 6 = 1,2$	2,21 (2) people
The total number of nurses/day				11 people

2. Equity System Method

Class 1	: 2 hours/day
Class 2	: 3 hours/day
Class 3	: 4,5 hours/day
Class 4	: 6 hours/day
For three shifts	Morning 35% : evening 35% : night 30%

Example

Average number of clients

c. Class 1 = 3 people x 2 hours/day = 6 hours

d. Class 2 = 8 people x 3 hours/day = 24 hours

- e. Class 3 = 4 people x 4,5 hours/day = 18 hours
- f. $\frac{\text{Class 4} = 2 \text{ people} \times 6 \text{ hours/day}}{\text{Number of hours}} = \frac{12 \text{ hours}}{60 \text{ hours}}$

$$\text{Morning/evening} = \frac{60 \text{ hours} \times 35 \%}{8 \text{ hours}} = 2,625 \text{ people (3 people)}$$

$$\text{Night} = \frac{60 \text{ hours} \times 30 \%}{8 \text{ hours}} = 2,25 \text{ people (2 people)}$$

So, the number of nurses on duty one day = 3 + 3 + 2 = 8 people

D. Job Descriptions for a Head Nurse, Primary Nurse, Associate Nurse

1. Head of Room

The head of the room is a professional nurse who is given the responsibility and authority to manage nursing service activities in an inpatient room. In the management of nursing services in a hospital, the head of the room is a line-level manager who is responsible for putting practical concepts, principles and theories of nursing management, as well as managing the organizational environment to create an optimal climate and ensuring the readiness of nursing care by clinical nurses.

The Ministry of Health of the Republic of Indonesia (2005) has established standard duties for the head of space including the activities of preparing an annual activity plan, which includes resource requirements (personnel, facilities, tools and funds), compiling service and leave schedules, preparing development plans staff, quality control activities, guiding and coaching staff, coordinating services, implementing orientation programs, managing clinical practice, and evaluating the performance and quality of nursing services. In the ward with beginner MPKP, the head of the room is a nurse who has a D-3 nursing education with experience. Meanwhile, at MPKP level I, the head of the room is a nurse with a Nurse education qualification with experience.

- a. Managing the implementation of nursing care carried out according to the needs of clients/family members.
- b. Designing the placement of nurses in the room.

- c. Managing the use and maintenance of nursing logistics so that they are always ready to use.
- d. Providing direction and motivation to the Team Leader and Implementation so that nursing care is carried out according to standards, ethics, and professionalism.
- e. Running an orientation program for new staff, students/students, new clients/family members.
- f. Accompanying the doctor/supervisor during the visit
- g. Sorting clients/family members based on gender to facilitate nursing care.
- h. Creating and maintaining a conducive working atmosphere between officers, clients/family members to provide peace.
- i. Conducting routine regular meetings for nursing staff at least 2 times per day to discuss the implementation of activities at home.
- j. Checking and verifying: filling out food requisition lists, filling out daily censuses, filling out register books, and filling out medical records.
- k. Monitoring and evaluating the application of nursing care in 5 stages: nursing assessment, nursing diagnosis, nursing planning, nursing implementation, nursing evaluation.
- l. Holding regular meetings with nursing executors.
- m. Preparing reports on the implementation of activities in the room
- n. Carrying out Nursing Care Standards (NCS) and Standard Operational Procedures (SOP) made by the leadership in the field of nursing.
- o. Providing tutorials/guidance to nursing students.
- p. Providing periodic reports regarding nursing services.

2. Primary Nurse (PN)

A primary nurse is a nurse with a minimum educational qualification of Nurses. Primary nurses are responsible 24 hours to their clients while the client is being treated in a hospital or a health care unit. The responsibility in question is the responsibility in providing comprehensive nursing care starting from nursing assessment, formulation of nursing diagnoses,

planning of nursing actions, implementation of nursing actions, evaluation and communication

Primary nurses are responsible for carrying out their role of communicating and coordinating in planning nursing care, including planning client discharge (discharge planning). If the primary nurse is absent or not on duty, the continuation of nursing care can be delegated to the Associate Nurse (PA). Even so, primary nurse is still responsible for implementing client nursing care with the knowledge of the head of the room

PP authority is not limited to providing nursing care. Primary nurse also has the authority to collaborate with cross-related parties and the community, such as making contact with social institutions or making referrals to social work in the community, as well as home visits. Thus, PP is required to have high accountability for providing nursing services

- a. Receive patients and comprehensively examine the needs of patients
- b. Set goals and nursing plans
- c. Implement the plans that have been made during the service shift
- d. Communicating and coordinating services provided by other disciplines or other nurses
- e. Assess the success that has been achieved
- f. Accept and align plans
- g. Preparing counseling education for clients returning home
- h. Carry out referrals to social workers, contacts with social institutions in the community
- i. Schedule clinical appointments
- j. Make a home visit

3. Associate Nurse

Associate Nurse (PA) is a nurse with a minimum educational qualification of a nursing diploma. PA always acts as an implementing nurse to carry out various nursing action plans that have been set by PP. Nurse associate must be responsible and accountable for all forms of implementing nursing actions against clients while in a hospital or a health care unit. The responsibility in question is the responsibility to maintain

client privacy while providing comprehensive and continuous nursing care, while still upholding the values outlined in the code of ethics and nursing ethics. Associate nurses or implementing nurses also have the authority to accept delegation of duties from a PP who is unable or not on duty for any reason. Thus, it must be realized that professional responsibility remains the PP's responsibility for the implementation of nursing care, in addition, the role of the nurse associate is very important in providing input to PP regarding nursing care plans.

- a. Providing nursing services directly based on the nursing process with a touch of affection:
 - 1) Design a treatment plan that is tailored to the client's problems
 - 2) Carry out maintenance actions by the plan that has been made
 - 3) Evaluate nursing actions that have been implemented
 - 4) Make notes or report all nursing actions and client responses on care records/nursing care forms
- b. Running medical programs responsibly
 - 1) Administration of drugs to the client
 - 2) Laboratory examination on the client
 - 3) Preparation for the client for surgery
- c. Paying attention to the balance of the client's physical, mental, social and spiritual needs
 - 1) Maintain the cleanliness of the client and the environment
 - 2) Reduce the suffering of clients by instilling a sense of security, comfort and calm
 - 3) Perform therapeutic approach and communication
- d. Preparing clients both physically and mentally to face nursing actions and treatment or diagnosis
- e. Training clients to help themselves according to their level of ability
- f. Giving immediate assistance to clients in emergency or critical conditions
- g. Assisting the head of the room in managing the room administratively
- h. Arranging and preparing the tools in the room based on their functions so that they are ready to use

- i. Realizing and maintaining cleanliness, security, comfort, and beauty of the room.
- j. Carrying out official duties in the morning, afternoon, and evening according to the official duty schedule
- k. Providing health counseling according to the disease
- l. Reporting everything about the client's condition verbally or in writing
- m. Appreciating the help and guidance provided by the team leader
- n. Cooperating with team members and between teams

E. Client Classification System

Patient classification is a method of grouping patients based on the number and complexity of their treatment requirements. Many classification systems classify patients according to their dependence on the care provider and the ability required to provide care. Nurses need to monitor client classification to determine the need for personnel in the ward. The patient classification system is a grouping of patients according to care needs that can be observed clinically by nurses. This patient classification system groups patients based on their dependence on nurses or the time and ability needed to provide the required nursing care.

Employment requires coordination between personnel and nursing services. Usually, the personnel department provides nursing staff based on requests submitted by the nursing department. The first step in recruiting is to stimulate candidates to fill the required positions. This is not simple because not only from a technical point of view, qualifications but also individual qualities must be by the work, structure and goals of the organization. Recruitment of personnel should not be rushed because it can result in an unsatisfactory selection (Holman et al., 2021).

1. Purpose of the Patient Classification System

The purpose of patient classification is to assess the patient and provide an assessment to measure the amount of effort required to provide the care the patient needs) the purpose of patient classification is to determine the number and type of labor needed and to determine the value of productivity.

Each of the four care descriptor categories (daily activities, general health, educational and emotional support, and treatment around treatment) was used to indicate the characteristics and level of care required of patients in that classification. Estimates of energy requirements are largely determined by the classification of patients. This is done to determine the number of nursing staff according to the categories required for client nursing care in each unit.

2. Categories of Patient Classification System

According to (Vana et al., 2021) the client nursing categories are as follows:

a. Self-care

Clients need minimal assistance in carrying out nursing and treatment actions. Clients can perform self-care activities independently. The time needed is usually around 1-2 hours with an effective average time of 1.5 hours/24 hours.

b. Minimal care

Clients need partial assistance in nursing and certain treatments, such as administering intravenous drugs, and adjusting positions. The time needed is usually around 3-4 hours with an effective average time of 3.5 hours/24 hours.

c. Intermediate care

The time needed by clients is usually around 5-6 hours with an effective average time of 5.5 hours/24 hours.

d. Modified intensive care

The time needed by clients is usually around 7-8 hours with an effective average time of 7.5 hours/24 hours.

e. Intensive care

The time needed by clients is usually around 10-14 hours with an effective average time of 12 hours/24 hours.

Another method that is often used in hospitals is the method according to Douglas (1984), which classifies the degree of patient dependence into three categories, namely minimal care, intermediate care, and maximum or total care.

1. Minimal maintenance
This treatment takes about 1-2 hours/24 hours. The criteria for clients in this category are that clients can still do their hygiene, bathe and change clothes, including drinking. However, the client needs to be supervised when ambulating or moving. Other criteria for this category of clients are observation of vital signs carried out in each shift, minimal treatment, stable psychological status, and preparation for procedures requiring treatment.
2. Intermediate care
This treatment takes about 3-4 hours/24 hours. The criteria for clients in this category are that clients still need help fulfilling personal hygiene, eating, and drinking. In addition, ambulation and the need for observation of vital signs are carried out every 4 hours. Besides, clients in this category require treatment more than once. Recording their foley catheter or its output intake. Clients with infusions and treatment preparations need procedures.
3. Maximum or total care
This treatment takes about 5-6 hours/24 hours. The criteria for clients in this category are that clients must be helped with everything. Positions are regulated, vital signs are observed every 2 hours, meals require an Naso Gastric Tube (NGT) tube, intravenous therapy is used, suction is used, and sometimes the client is in a state of restlessness/disorientation (Nursalam, 2022; Weiss & Tappen, 2015).

F. The Concept of Handoff

Nursing care activities require communication skills and good communication is easy to understand, concise, and clear. Communication is also very necessary when carrying out all the daily activities of nurses in nursing actions and the form of handoff. It is during this operation that mistakes or misunderstandings often occur in conveying information, and this is where nurses need communication skills.

During operations between nurses, clear communication is needed regarding patient needs, interventions that have been and have not been carried out, and the responses that have occurred in patients. The handoff

is carried out by the nurse together with other nurses going around to each patient and conveying the patient's condition accurately near the patient. This method is more effective than having to spend other people's time just to read the documentation that we have made, besides that it will also help the nurse on duty then receive the operand in real terms.

Operant is a technique or way to convey and receive something (report) related to the patient's condition. Patient operations must be carried out effectively by explaining briefly, clearly and completely about the nurse's independent actions, collaborative actions that have been and have not been carried out and the progress of the patient at that time. Submission of information must be accurate so that continuity of nursing care can run perfectly. The primary nurse performs transfers to the primary nurse (person in charge) on the evening service or night service either in writing or orally (Nursalam, 2022; Walsh et al., 2018).

1. Definition of Handoff

Handoff is a method of conveying something (report) regarding the client's condition. Handover is the time when there is a transfer or transfer of responsibility regarding the patient from one nurse to another. Handover aims to provide timely, accurate information regarding patient care plans, therapies, current conditions, and changes that will occur and anticipate them.

2. Purpose of Handoff

- a. Deliver problems, conditions, and client circumstances (data focus).
- b. Provide information about things that have or have not been done in nursing care to clients.
- c. Convey information about important matters that need to be immediately followed up by the next agency.
- d. Design a work plan for the next service. Handover has the aim of accurate, and reliable communication regarding the task of transferring relevant information that is used for continuity in safety and effectiveness at work.

3. Steps in Handoff

- a. Both shift groups are in ready condition.
- b. The shift that will be handed off needs to prepare the things that will be delivered.
- c. The primary nurse conveys to the nurse in charge of the next shift includes:
- d. The primary nurse examines the general condition of the patient
- e. The primary follow-up for the service that received the operand (next service)
- f. Work plan nursing care
- g. Delivery of handoff must be done clearly and not in a hurry
- h. Primary nurses and members of both shifts together directly see the patient's condition.

4. Procedure in Handoff

- a. Preparation
 - 1) Both groups are in a state of readiness.
 - 2) The group that will be in charge of preparing the notebook.
- b. The implementation of its implementation is carried out by giving thanks to each person in charge:
 - 1) Handover is done every change of shift or operand.
 - 2) From the nurse station, nurses discuss how to carry out handovers by comprehensively examining the client's nursing problems, action plans that have been and have not been carried out, and other important matters that need to be delegated.
 - 3) Matters that are special in nature and require complete details should be recorded specifically for further handover to the nurse on the next service.
 - 4) The things that need to be conveyed at the time of weighing are:
 - a) Client identity, medical diagnosis and nursing diagnosis
 - b) Nursing problems that may still arise.
 - c) Nursing actions that have been and have not been carried out.

- d) Nursing intervention collaborative and dependent interventions.
- e) General plans and preparations that need to be carried out in subsequent activities, for example, operations, laboratory tests or other supporting examinations, preparations for consultations, or other procedures that are not carried out routinely.
- f) Nurses who carry out handovers can clarify, ask and answer questions and validate unclear things. Presentation at the handover is brief and clear.
- g) Weighing time for each client is not more than 5 minutes except in special conditions and requires a complete and detailed explanation.
- h) Reporting for handover is written directly in the room report book by the nurse.

5. Stages of Handoff:

- a. Preparations made by the nurse who will delegate responsibility. Includes information factors that will be conveyed by the nurse on duty beforehand.
- b. Exchange of guard shifts, where nurses will go home and come in exchange information. The timing of the operand itself is in the form of an exchange of information which allows for two-way communication between the nurse on the previous shift and the nurse on the shift who came.
- c. Re-checking information by nurses who come about the responsibilities and tasks delegated. It is an activity of the nurse who receives the pass to check the information data on the medical record or the patient directly.

6. Factors in Handoff

- a. Objective communication between fellow health workers.
- b. Understanding of the use of nursing terminology.
- c. Ability to interpret medical records.
- d. Ability to observe and analyze patients.
- e. Understanding of clinical procedures

- 7. Things that need to be considered during the handoff:**
- a. Executed right at the time of shift change.
 - b. Led by the head of the room or person in charge or person in charge.
 - c. Followed by all nurses who have been and who will serve.
 - d. The information submitted must be accurate, concise, systematic, and describe the patient's current condition and maintain patient confidentiality.
 - e. Handover must be oriented to the patient's problems.
 - f. When weighing in the patient's room, enough volume is used so that the patient next to them does not hear anything confidential to the client. Something that is considered confidential should not be discussed directly near the client.
 - g. Something that might surprise and shock the patient should be discussed at the nurse's station (Nursalam, 2022; Weiss & Tappen, 2015).

G. Pre- and Post-Conference Nursing Services

1. Understanding

Pre-conference is the communication between the team leader and the implementing nurse after completing the operation for the activity plan for the shift led by the team leader or team person in charge. If there is only one person on duty on the team, then the pre-conference will be abolished. The content of the pre-conference is the plan for each nurse (daily plan), and additional plans from the team leader and team PJ. While Post conference is the communication between the team leader and the implementing nurse regarding the results of activities throughout the shift and before the transfer to the following shift. The contents of the post-conference are the results of nursing care for each treatment and important things for surgery (follow-up).

2. Objective

The purpose of pre- and post-conference is the plan for each nurse (daily plan), and additional plans from the head of the team. While the Post Conference is communication between team members and the

implementing nurse regarding the results of activities throughout the shift and before the transfer to the following shift. The contents of the Post Conference are the results of nursing care and important things for surgery (follow-up).

3. Indication

Pre- and post-conference indications are to help identify patient problems, plan care and plan evaluation of results, prepare for things to be encountered in the field, provide an opportunity to discuss the patient's condition and discuss other things that are considered important. For weaknesses or contraindications to the application of pre- and post-conference, it takes a long time not all nurses understand what to do during pre- and post-conference and consider this activity a waste of time. So that nurses do not feel the need to carry out Post Conference activities.

4. Condition

The pre- and post-conference requirements are carried out before the provision of nursing care and the post-conference is carried out after the provision of nursing care takes 10-15 minutes. The topics discussed must be limited, generally regarding the state of the patient, action planning and data that needs to be added and those involved in the conference head nurse, team leader, and team members.

5. Criteria

The evaluation criteria for the implementation of pre- and post-conferences are the implementation of pre- and post-conferences in the room, the head of the room or the team leader conducting a post-conference before changing shifts, reading report books, holding pre-conference at the beginning of each service, holds a post-conference before the next service shift.

6. Advantages of pre- and post-conference implementation

- a. Nurses can find out the daily activity plan on the official shift.
- b. Nurses can identify patient problems, plan nursing care and plan outcome evaluations.
- c. Prepare for things that will be encountered in the field.
- d. Nurses can discuss the patient's condition.

- e. Nurses can find out the results of activities throughout the shift.
 - f. Nurses can discuss problem-solving and discuss problems encountered.
7. **Factors that influence the success of pre- and post-conference implementation**
- a. The length of service and work experience of nurses in carrying out patient nursing care states that length of work is usually correlated with increasing experience.
 - b. Educational level of the nurse. That educational background is very influential in the performance of nurses in carrying out nursing care because the higher a person's educational level, the higher the knowledge and the higher the performance demands in implementing nursing care in hospitals.
 - c. Supervision is the process of nursing the implementation of activities to ensure that these activities are running according to organizational goals and standards that have been set.
 - d. Colleagues, namely colleagues who have technical skills and are easy to work with or support socially.
8. **How to measure the implementation of pre- and post-conference Preconference**
- a. Preparation
 - 1) Each prepare a place for the pre-conference.
 - 2) Each team leader has scheduled pre-conference activities.
 - b. Implementation
 - 1) Conduct conferences every day immediately after changing the morning or evening service according to the executive schedule.
 - 2) Led by the team leader or team person in charge.
 - c. Filling in the conference
 - 1) Plan each care (daily plan).
 - 2) Additional plans from the team leader or team person in charge.
 - d. The conference was attended by the team leader and the implementing nurse

- e. Conveying patient developments and problems based on the results of yesterday's evaluation and the patient's condition reported by the night service.
- f. The implementing nurse conveys things including patient complaints, TTV, patient awareness, examination results, laboratory or the latest diagnosis, nursing problems, today's nursing plan, changes in medical therapy conditions, and medical plans.
- g. The team leader discussing and directing the implementing nurse on issues related to patient care which include:
 - 1) Patients related services such as delays in other visitors, errors in feeding, and noisy presence of the doctor who was consulted.
 - 2) Infusion accuracy.
 - 3) Accurate monitoring of fluid intake and output.
 - 4) Accuracy of administration of drugs/injections.
 - 5) Accuracy of other actions.
 - 6) Documentation accuracy.
- h. Recalling the established standard procedures.
- i. Remind of the discipline, thoroughness, honesty and progress of each associate's care.
- j. Helping the executive nurse solve problems that cannot be resolved.
- k. Closing The team leader or team person in charge closes the event by congratulating the work.

Post-conference

- a. Preparation
 - 1) Each team prepares a post-conference venue.
 - 2) Each team leader has scheduled post-conference activities.
- b. Implementation
 - 1) The event began with an opening greeting by the team leader.
 - 2) The team leader asks about the results and obstacles of providing care to each patient.

- 3) The team leader asks about the obstacles in the care that had been given and the implementing nurse conveys the results of care in the cases handled.
- 4) The team leader asks for follow-up patient care that had to be passed on to the nurse for the next shift.
- 5) The team leader provides reinforcement.

c. Closing

(Mugianti Sri, 2016; Nursalam, 2022)

SUMMARY

Leadership roles in preliminary staffing functions include planning for future staffing needs and keeping abreast of changes in the health-care field. Predicted nursing shortages will pose staffing challenges for some time to come. Leadership is also necessary in the preemployment interview process to ensure that all applicants are treated fairly and that the interview terminates with applicants having positive attitudes about the organization. Because leaders are fully aware of nuances, strengths, and weaknesses within their sphere of authority, they are able to assign newcomers to areas that offer the greatest potential for success.

The integration of leadership roles and management functions in the organization ensures positive public relations because applicants know that they will be treated fairly. In addition, there is greater likelihood that the pool of applicants will be sufficient because future needs are planned for proactively. The leader-manager uses the selection and placement process as a means to increase productivity and retention, accomplish the goals of the organization, and meet the needs of new employees. The integrated leader-manager also knows that a well-planned and implemented induction and orientation program is a wise investment of organizational resources. It provides the opportunity to mold a team effort and infuse employees with enthusiasm for the organization. New employees' impressions of an organization during this period will stay with them for a long time. If the impressions are positive, they will be remembered in the difficult times that will ultimately occur during any long tenure of employment.

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of staff development?
2. What are the models of professional nursing practice?
3. What are the staff nurses needed for one shift?
4. What are the job descriptions for a head nurse, primary nurse, associate nurse?
5. How the client classification system
6. How the concept of handover
7. How the pre- and post-conference nursing services

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CHAPTER VII

CONCEPT OF DIRECTING IN NURSING MANAGEMENT

INTRODUCTION

This unit reviews the fourth phase of the management process: *directing*. This phase also may be referred to as *coordinating* or *activating*. Regardless of the nomenclature, this is the “doing” phase of management, requiring the leadership and management skills necessary to accomplish the goals of the organization. Managers direct the work of their subordinates during this phase, and leaders support them so they can achieve desired outcomes. Components of the directing phase discussed in this unit include creating a motivating climate, establishing organizational communication, managing conflict, facilitating collaboration, negotiating, and responding to collective bargaining practices and employment laws.

In planning and organizing, leader-managers attempt to establish an environment that is conducive to getting work done. In directing, the leader-manager sets those plans into action. This chapter focuses on creating a motivating climate as a critical element in meeting employee and organizational goals.

The amount and quality of work accomplished by managers directly reflect their motivation and that of their subordinates. Why are some managers or employees more motivated than others? How do demotivated managers affect their subordinates? What can the manager do to help the employee who is demotivated? The motivational problems frequently encountered by the manager are complex. To respond to demotivated staff, managers need an understanding of the relationship between motivation and behavior.

LEARNING OBJECTIVE

After reading the contents of this chapter, you should be able to:

- A. Describe the basic concepts and goals of the directing function
- B. Recognize the activities of the nursing manager in the directing function
- C. Identify a good indicator in the directing function.
- D. Identify the inpatient room supervision step
- E. Describe the practice of directing the head nurse according to accreditation standards
- F. Describe the concept of delegation
- G. Describe the concept of collaboration and negotiation in terms of
 - 1. Understanding
 - 2. Key components of collaboration
 - 3. Basic values in collaboration
 - 4. Collaboration advantage
 - 5. Definition of negotiation
 - 6. Negotiation goals
 - 7. Negotiation steps
 - 8. Barriers to negotiation
 - 9. Negotiation standards
- H. Describe the conflict management concept in terms of:
 - 1. Understanding
 - 2. Conflict management
 - 3. Positive and negative aspects of conflict
 - 4. Causes of conflict
 - 5. Solutions/steps of conflict resolution
 - 6. Conflict Management Methods

A. Describe the Basic Concepts and Goals of the Directing Function

1. Definition of Directing Function

The directing function is always closely related to planning nursing activities in the inpatient room to assign nurses to carry out achieving the goals that have been determined. The head of the room in carrying out briefing activities by: giving each other motivation, helping to solve

problems, delegating, using effective communication, collaborating and coordinating.

The head of the room must show that he can work harmoniously, be objective in dealing with problems in nursing services through observation, and be objective in dealing with the behavior of his staff. The head of the room must be sensitive to human nature which has strengths and weaknesses, requires the help of others, and has personal and social needs (Weiss & Tappen, 2015).

2. Purpose of the Directing Function

Briefing in the treatment room can be carried out in several ways, namely patient transfers, motivational programs, conflict management, carrying out supervision, and others.

- a. The motivational program starts with cultivating a positive way of thinking for every HR by expressing it through praise (reinforcement) to everyone who works together. Togetherness in achieving the vision and mission is a strong incentive to focus on the potential of each member.
- b. Conflict management changes may lead to conflict caused by different perceptions, views, and opinions. For this reason, training was carried out on the service system and nursing care for all existing human resources. Open communication is directed towards conflict resolution with a win-win solution.
- c. Supervision is an important thing to do to ensure nursing services and care run according to established quality standards. Service is not interpreted as checking and finding fault, but rather as participatory supervision, where the nurse who oversees the implementation of activities gives awards to achievements or successes and gives solutions to things that have not been fulfilled.

B. Recognize the Activities of the Nursing Manager in the Directing Function

1. Understanding

Management is a dynamic and proactive approach to carrying out an activity in the organization. Management includes coordination and supervision of staff, facilities and infrastructure in achieving organizational goals. Management is also interpreted as a business organization that focuses on production and in many other ways to generate a profit.

Briefing is a phase of management work, where managers try to motivate, foster communication, handle conflict, cooperate, and negotiate (Marquis and Huston, 2010).

2. Nursing Manager Activities in the Direction Function

Directing will achieve its goals if done properly. Douglas in Swansburg (2000) says that there are twelve technical activities related to directing management, namely:

- a. Formulate realistic treatment goals for nursing services, patients and implementing nurses.
- b. Give top priority to client needs about the duties of the implementing nurse.
- c. Carry out coordination for service efficiency.
- d. Identify the responsibilities of the implementing nurse. Identify job responsibilities for all staff to work properly and fairly.
- e. Create a safe work culture and an atmosphere of continuous education so that you always work with solid and up-to-date knowledge.
- f. Provide continuous care.
- g. Consider the need for the duties of the implementing nurse.
- h. Provide leadership for nurses in terms of teaching, consulting, and evaluation.
- i. Trust members. Generate high member self-confidence, by providing clear and firm rewards and punishments.
- j. Interpret protocols.
- k. Describe the procedure to be followed.
- l. Provide concise and clear reports/directions.

- m. Use management control processes. Use good management control to review service quality regularly and routinely.
- n. Cultivate the ability to influence others to achieve common goals.

3. Activities related to the Directing Function

- a. Applying nursing theory
- b. Creating and using strategic and tactical plans with input from nursing staff to facilitate operational planning.
- c. Facilitating the achievement of the vision, mission, goals and objectives of the organization
- d. Facilitating and maintaining existing resources (HR, tools/facilities)
- e. Maintaining or maintaining good morals
- f. Facilitating and providing continuing training or education programs to maintain competency
- g. Providing and maintaining standards in the form of policies, procedures, rules and regulations
- h. Coordinating discipline in all aspects of activities
- i. Facilitating and maintaining interpersonal relationships
- j. Providing opportunities for counseling
- k. Building and maintaining trust and teamwork
- l. Overcoming or managing conflict
- m. Organizing potential human resources as organizational assets
- n. Delegating authority

C. Identify a Good Indicator in the Directing Function

Indicators of Good Briefing

A good direction will be seen in the form (5 W and IH), namely:

1. (What) What should be done by the nursing staff/executive nurse
2. (Who) Who does a job
3. (When) What time should it be done (from the time of entry to the time of return)
4. (How) How to do it and at what frequency it should be done
5. (Why) Why should the work be done
6. (Where) Where? in each room or place

Directions carried out by nursing leaders can be said to be effective if the subordinates or staff or implementing nurses can carry out all the work indicated or given to them consistently with unit policies and can carry out activities safely and comfortably.

D. Identify the Inpatient Room Supervision Step

Supervise is an activity that is used to facilitate deeper reflection of the practice that has been carried out, this reflection allows staff to achieve, maintain and be creative in improving the quality of providing nursing care through existing support facilities. Supervision is an activity that is the responsibility of the manager to provide support, develop knowledge and skills and values of groups, individuals or teams.

Inpatient room supervision steps (Nursalam, 2014):

1. Pre-supervision

Supervisors:

- a. The supervisor determines the activities to be supervised
- b. Supervisor sets goals and competencies to be assessed

Supervised:

- c. Receive an explanation regarding the activities and objectives of supervision
- d. Prepare oneself for the activities to be carried out
- e. Implementation of supervision

Supervisors:

- a. The supervisor assesses the nurse's performance based on the measuring instrument or instrument that has been prepared
- b. Supervisor gets some things that need coaching
- c. Supervisors call PP and PA to hold coaching and clarify problems
- d. Implementation of supervision is conducted with inspections, interviews and validating secondary data
- e. Supervisor clarifies existing problems
- f. Supervisor conducts debriefing with nurses

Supervised:

- a. Prepare the need for supervision by the actions to be taken

- b. Accept suggestions and criticism for improvement
 - c. Explain and clarify the problem
 - d. Receive suggestions and answer questions raised by supervisors
2. Post Supervision
- Supervisors:
- a. Supervisor provides supervisory assessment
 - b. Supervisor clarifies existing problems
 - c. Supervisor conducts debriefing with nurses
 - d. Supervisors provide input and solutions to PP and PA
 - e. Supervisor provides feedback and clarification (according to the results of the supervision report)
 - f. Supervision provides reinforcement and follow-up improvements
 - g. There are two reinforcements, namely positive reinforcement or rewards given to those who perform positive behavior or are desired to get rewards so that they can increase the strength of the response or stimulate repetition of the behavior. The second is negative reinforcement or punishment is a situation that occurs when the desired behavior occurs to avoid the negative consequences of punishment.
 - h. There are two follow-up improvements namely short-term follow-up is a short-term intervention involving patients after going through an episode of acute illness and long-term follow-up is given to patients getting long-term intervention or not, more formal individual plans can be carried out together with parents—the people around him to expand monitoring and repeat positive behavior.

E. Describe the Concept of Delegation

1. Concept of delegation

Delegation can be interpreted as completing a job through other people or it can also be interpreted as delegating a task to a person or group in completing organizational goals (Marquis and Huston, 1998). The delegation/delegation of nursing care to patients by nurses is not easy to do because it involves giving orders to other people to complete the assigned

tasks. Nurses believe that they can delegate well to staff in nursing care, but often do not do it well. This causes a lack of trust in the person receiving the delegation/delegation.

Good delegation depends on a balance between three main components, namely responsibility, ability, and authority. Responsibility is a sense of responsibility for the acceptance of a task. Ability (accountability) is a person's ability to carry out delegated tasks. Authority is the granting of rights and powers to delegates to make a decision on the task delegated.

Delegation in professional nursing practice is often found to have problems, when the delegation process is not carried out effectively. The ineffectiveness or errors that are often found can be distinguished into three things, namely under-delegation, over-delegation, and improper-delegation.

2. Basic Concepts of Effective Delegation

Five concepts that underlie effectiveness in delegation. The five concepts will be explained as follows.

- a. Delegation is not a system to reduce responsibility. But a way to make responsibility meaningful. Nursing managers often delegate responsibility to staff for carrying out patient care. For example, in the application of the primary professional nursing care model, a primary nurse delegates her responsibility in providing nursing care to accompanying nurses/PAs. Primary nurses provide full responsibility for caring for patients who are delegated.
- b. Responsibilities and authorities must be delegated in a balanced manner. Primary nurse Develop nursing action goals. Responsibility for carrying out goals/plans is delegated to appropriate staff or masters of cases where all decisions concern the patient's condition in achieving the goals set. Then the PP authorizes the PA to make all decisions regarding the patient's condition in achieving the goals that have been set. The process must include:
 - Assessment of patient needs
 - Identify tasks that can be carried out with the help of others
 - Educate and provide training so that tasks can be carried out safely and competently

- The process of determining competency in helping someone
 - Availability of sufficient supervision by PP
 - Continuous evaluation process in helping someone
 - The process of communication about the state of the patient between PP and PA.
- c. The process of delegation that makes a person carry out his responsibilities, develop the authority that is delegated, and develop the ability to achieve organizational goals. The success of the delegation is determined by:
- required nursing intervention
 - Who is ready and suitable to carry out the task
 - What help is needed
 - What results to expect
- d. The concept of support needs to be given to all members. An important support is to create an assertive atmosphere. After the PA carries out the assigned tasks, the PP must show trust in the PA to carry out nursing care independently. If problems arise, the PP must always ask “What can we do?” Empowering includes giving someone authority to carry out tasks critically with autonomy, creating ease in carrying out tasks, and building a sense of togetherness and harmonious relationships.
- e. A delegate must be actively involved. He must be able to analyze the autonomy delegated to be actively involved. Openness will facilitate communication between PP and PA.

F. Guidelines for Effective Delegation of Authority

The delegation process must be preceded by clear information. The clear delegation must contain information regarding specific goals, time targets, and implementation of nursing actions.

- specific goals

Specific and clear goals both physically and psychologically must be clear as a parameter to whom the delegation is given.

- time targets
A PP or Nurse must provide a target time in delegating to PA. In nursing planning for patients, PP must write a clear time target as an indicator of the success of nursing care.

G. Delegation Success

For delegating to be successful nurse managers must pay attention to the following: Why is Staff Resistance

1. Clear and complete communication
2. Availability of resources and facilities
3. The need for monitoring or control
4. There report regarding the progress of the task delegated
5. Discipline in granting authority
6. Responsibility for the development of staff morale
7. Avoidance of error delivery in the delegation

H. Describe the Concept of Collaboration and Negotiation

1. Definition of Collaboration

Collaboration is called a win-win solution strategy. In collaboration, the two parties involved determine common goals and work together to achieve a goal because both of them believe in achieving a predetermined goal. Collaborative strategies will not work if incentive competition is part of the situation, groups that are not involved cannot solve problems, and there is no trust between two groups/a person (Nursalam, 2015).

2. Main Components of Collaboration

a. Effective Communication Skills

Communication is very important in enhancing collaboration because it facilitates multiple understandings of individuals. Communication is a complex exchange between thoughts, ideas, or information, at two levels, namely verbal and nonverbal. Effective communication is the ability to convey messages and information properly (Chitty (2001) Marquis, 2010).

b. Mutual Respect and Trust

Mutual respect occurs when two or more people show or feel honored or worthy of one another. And that trust occurs when someone believes in the actions of others. Mutual respect and trust imply a process and result that is carried out together without mutual respect, cooperation will not occur.

c. Giving and Receiving Feedback

One of the challenges professionals face is giving and receiving timely, relevant, and helpful feedback to and from each other, and their clients. Positive feedback is characterized by a warm, caring, and respectful communication style

d. Decision-making

The decision-making process at the team level includes sharing responsibility for results. To create a solution, the team must follow each decision-making step starting with a clear definition of the problem.

3. Basic Values in Collaboration

Several values form the basis for collaboration. These values must be a guide for collaborators so that what is a common goal can be achieved. Seven core values are used to develop working relationships with the concept of collaboration, namely;

- a. Respect for others (Respect for people). The main foundation of every organization is the satisfaction of each individual. Everyone who will collaborate wants a strong position and equality. They want high personal satisfaction and/or a work environment that supports and encourages satisfaction with them.
- b. Respect and integrity for recognition, and work ethic (Honor and integrity). In many cultures, honor and integrity shape individual behavior
- c. Sense of belonging and ally (Ownership and alignment). When all employees feel they own their workplace, job, and company, they will take good care of it.

- d. Consensus (Consensus). It is generally agreed that the greatest utility is a working relationship based on a win-win amount. In a collaborative workplace, 100% of decisions must be fully agreed upon to achieve a win-win. This means they have to pass their disapproval as a vigorous effort to achieve their goals
- e. Full sense of responsibility and accountability (Full responsibility and Accountability). In the hierarchical paradigm, people usually become close to one another, because of their job description, because of their duties and because of their organizational unit. The fact is that everyone will only be responsible for their job task list.
- f. Relationship of mutual trust (Trust-based Relationship). Everyone wants trust and openness in work. In principle, they also want to be believed. However, trust does not come easily. Many of them lack trust in one another. This is what makes it difficult in an organization.

4. Collaboration Advantage

There are several advantages to be gained through collaboration. The advantages of this collaboration are related to:

- a. Higher learning achievement
- b. Deeper understanding
- c. More fun learning
- d. Development of leadership skills
- e. Increase of positive attitude
- f. Increase of self-esteem
- g. Inclusive learning

5. Definition of Negotiation

Negotiations are often designed as a conflict resolution strategy using a compromise approach. In organizations, negotiation is also interpreted as a competitive approach (Marquis & Huston, 1998 Nursalam, 2015). Negotiation is generally almost the same as a collaboration strategy, but if it is managed badly it will be the same as competition. Negotiation is also similar to a compromise strategy. During the negotiations, the various

parties involved gave up and put more emphasis on accommodating the differences between the two (Marquis & Huston, 2010; Nursalam, 2014).

According to Smeltzer (1991) in Nursalam (2012) identified two basic types of negotiations, namely cooperative (everyone wins) and competitive (only one person wins).

6. Negotiation Goals

The main goal of negotiation is to make the other party satisfied with the outcome. The main focus in negotiations is to create a win-win situation. As a negotiator, it is important to win as much as possible, lose as little as possible and make the other party feel satisfied with the outcome of the negotiation (Marquis & Huston, 2010).

7. Negotiation Steps

The steps that must be taken before negotiating according to Nursalam (2014) are:

- a. Gather as much information about the problem as possible. Since knowledge is power, the more information one has, the more likely it is to offer negotiation.
- b. Where should the manager start? Because managers' job is to make compromises, they must choose the ultimate goal. These goals as input from the bottom level.
- c. Choose the best alternative to facilities and infrastructure. Managers also need to pay attention to the efficiency and effectiveness of the use of time, budget, and employees involved.
- d. Have a hidden agenda. The agenda is an alternative negotiation agenda that will be offered if negotiations cannot be agreed.

I. Conflict Management

Role conflict can occur, in any situation where individuals work together. Role conflict arises when someone is expected to carry out a role that is contradictory or not in line with expectations

1. Definition of Conflict Management

(Marquis Bessie L & Huston Carol J, 2017) Define conflict as internal and external problems that occur as a result of differences in opinions, values, or beliefs of two or more people. (Nursalam, 2014) says that conflict can be categorized as an event or process. As an incident, conflict occurs due to disagreement between two people or organizations who feel their interests are threatened. As a process, conflict is manifested as a series of actions carried out by two people or groups, where each person or group tries to hinder or prevent satisfaction from the opposing party.

2. Positive and Negative Aspects of Conflict

The positive impacts of conflict are:

- a. Increase solidarity between individuals or between groups
- b. Help create new norms in society
- c. Help create an adjustment of social norms in society
- d. Motivate to maintain values that are considered important
- e. Increase effectiveness in organizations, companies, or society
- f. Serve as a counterweight to the various existing strengths

As for some of the negative impacts of conflict:

- a. Causing fractured relations between groups resulting in social disintegration
- b. Property damage and loss of human life
- c. Individual personality changes. For example, from being polite to being rude and unfriendly

3. Causes of Conflict

The effective resolution of a conflict often demands that the causal factors be changed. The causes of conflict according to wise (Robbins & Judge, 2017):

- a. Attitude and Belief values (Values, Attitude, and beliefs)
Our feelings about what is right and what is wrong, and our predispositions to act positively or negatively towards events, can easily become sources of conflict. The values held can create tensions between individuals and groups within an organization

b. Needs and Personality (Needs and Personality)

Conflicts arise because there are huge differences between the needs and personalities of each person, which can even lead to interpersonal feuds.

c. Situational factors

- 1) Opportunity and need to interact. There is little chance of conflict if people are physically separated and rarely interact. In line with the increase in association between the parties involved, the occurrence of conflicts also increases.
- 2) The Need for Consensus The process of reaching a consensus is often preceded by the emergence of conflict.
- 3) Dependence of one party on another. In cases like this, if one party fails to carry out its duties, the other party is also affected, so conflicts arise more frequently.
- 4) Status Differences when people act in ways that are congruent with their status, conflicts can arise.
- 5) Communication Barriers Communication as a medium of interaction between people can easily become the basis for conflict. It can be said that communication is a double-edged sword: the absence of communication can lead to conflict, but on the other hand, the communication itself can be a potential for conflict.
- 6) Ambiguous responsibilities and jurisdictions/unclear boundaries of responsibility and jurisdiction. People with clear titles and responsibilities know what is required of them. When there is unclear responsibility and jurisdiction, the possibility of conflict is even greater.

4. Steps for Conflict Resolution

(Nursalam, 2014) describes steps to resolve a conflict including:

d. Assessment

Situation analysis. Identify the type of conflict to determine the time needed, after gathering facts and validating all estimates through a more in-depth study. Then who is involved and their respective roles, determine if the situation can change.

Analyze and turn off developing issues by

- 1) Describe the problem and priority phenomena that occur.
- 2) Determine the main problem that requires a solution that starts from the problem.
- 3) Avoid solving all problems at one time.
- 4) Setting goals
- 5) Describe the specific goals to be achieved.

e. Identification

Manage feelings by avoiding emotional responses which include: anger, because everyone has a different response to words, expressions, and actions.

f. Intervention

Going into conflicts that are believed to be resolved properly. Next, identify the positive results that will occur.

- 1) Selecting methods for resolving conflicts. Conflict resolution requires different strategies. Select the most appropriate method to resolve the conflict that occurs.
- 2) Methods for Managing Conflict for Dynamic Management of Organizations.

There are several methods so that organizational management takes place dynamically, namely:

1) Stimulate conflict

- a) Invite third parties to stir up conflict (stimulate). If a company is in a static state, less dynamic, and less innovative, it is necessary to bring in a third party as a party that can stimulate conflict. If conflicts between people and organizations are formed, a third party can simultaneously function as a mediator or reconciler, so that conflicts can be controlled and can be put into positive influence on the progress of the organization.
- b) Deviate from the customs regulations that apply, for example, is by not including individuals or groups that they do to make decisions as well as adding new groups in the management information network.
- c) Reorganize the organizational structure.

d) Increase the level of competition: which can be done by providing incentives, bonuses and awards for those who excel. If competition is maintained at a certain level, it will lead to productive conflict.

e) Select and reassign suitable managers.

2) Reducing conflict

Conflict reduction can be done at a higher level, namely at a level that is detrimental and hinders the desired progress and achievements. Even though we not want that kind of conflict. Therefore, the things that can be done are is only providing positive information between one work group and another work group.

5. Conflict Management Methods

Resolve disputes between various parties can be done with the aim of the way

- a. How to win and lose where one party forces the other party to yield
- b. Withdraw and back away from disagreements
- c. Soften the differences or make them seem less important
- d. Prioritize goals, where both parties are temporarily asked to stop disputes for the sake of cooperation in matters that are more valuable and more important
- e. Compromising, separating differences and negotiating to reach acceptable intermediate positions
- f. Submission to an outside third party to make decisions of an umpire
- g. Inviting an outside third party to mediate and help the two main parties resolve.

SUMMARY

When creating a motivating climate, the manager uses formal authority to reduce dissatisfiers at the unit level and to implement a reward system that reflects individual and collective value systems. This reward system may be formalized, or it may be as informal as praise. Managers, by virtue of their position, have the ability to motivate subordinates by “stretching” them intermittently with increasing responsibility and assignments that

they are capable of achieving. The manager's role, then, is to create the tension necessary to maintain productivity while encouraging subordinates' job satisfaction. Therefore, the success of the motivational strategy is measured by increased productivity and benefit to the organization and by growth in the person, which motivates him or her to accomplish again.

FORMATIVE TEST

Please answer the questions below!

1. What is the definition of directing function?
2. What is the nursing manager in the directing function?
3. What is the indicator of the directing function?
4. How the inpatient room supervision step
5. How the practice of directing the head nurse according to accreditation standards
6. How the concept of delegation
7. How the concept of collaboration and negotiation
8. How the concept of conflict management methods

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CHAPTER VIII

CONCEPT OF CONTROLLING AND EVALUATION

INTRODUCTION

Controlling phase of the management process, performance is measured against predetermined standards and action is taken to correct discrepancies between these standards and actual performance. Employees who feel that they can influence the quality of outcomes in their work environment experience higher levels of motivation and job satisfaction. Organizations also need some control over productivity, innovation, and quality outcomes. Controlling should not be viewed as a means of determining success or failure but as a way to learn and grow personally and professionally.

KEY TERMS

Audits
Quality Control
Quality Management
Outcomes
Standards

LEARNING OBJECTIVE

After reading the contents of this chapter, you should be able to master the principle of controlling and evaluation in nursing management. Comprising:

- A. Explain the concept of quality assurance services and nursing care
- B. Identify the indicators of quality of nursing services

- C. Explain the patient satisfaction
- D. Identify of quality audit system
- E. Explain the work report

A. The Concept of Quality Assurance of Nursing Services and Care

Quality assurance is the process of establishing and fulfilling management quality standards consistently and continuously, so that consumers, producers, and other interested parties are satisfied. Specifically, for health services, it is the process of establishing and fulfilling quality standards for the management of health services consistently and sustainably, so that stakeholders get satisfaction.

Service quality assurance and nursing care is a systematic approach that involves planning, implementing, and controlling the nursing service process to ensure that the services provided are by established standards, safe, effective, and of high quality. Quality assurance of nursing services and care involves continuous evaluation, supervision, and continuous improvement and development actions.

Several concepts of service quality assurance and nursing care (Havig et al., 2011) include:

1. Nursing Service Standards: These are guidelines used as a reference in providing quality nursing services. This standard includes components such as procedures, policies, clinical guidelines, and protocols used in nursing practice.
2. Nursing Audit: This is a systematic evaluation of nursing records, service processes, and the results of services that have been provided by nurses to patients. The nursing audit aims to identify gaps between the services provided with established standards, as well as identify areas that require improvement.
3. Nursing Certification: This is a process of formal recognition of the competence of nurses based on standards set by authorized institutions or organizations. Nursing certification is a form of quality assurance of nursing services that can improve the quality of services and nursing care provided.

4. **Risk Management and Patient Safety:** This is an approach to identifying, preventing, and reducing risks and securing patient safety in the process of nursing care. Risk management and patient safety involve identifying potential risks, implementing preventive measures, and repeating corrective and preventive actions to optimize patient safety.
5. **Continuous Improvement:** This is a continuous cycle that involves planning, implementing, evaluating, and remedial action on the nursing service process. Continuous improvement aims to identify, analyze, and correct discrepancies with predetermined standards, as well as optimize the quality of care and nursing care provided (Marquis Bessie L & Huston Carol J, 2017).

Quality assurance services and nursing care as a planned and sustainable process to ensure that nursing services provided to patients meet established standards, as well as continuously improving and optimizing service quality. Following are some of the concepts of service quality assurance and nursing care according to:

1. **Service Standards:** Service quality assurance and nursing care begins with setting clear and measurable service standards. This service standard includes procedures, protocols, guidelines, and guidelines followed by nurses in providing nursing care to patients.
2. **Monitoring and Evaluation:** The monitoring and evaluation process is carried out continuously to monitor and assess the quality of nursing services provided. This involves data collection, measurement and analysis of service outcomes, as well as identification of non-conformances and necessary remedial measures.
3. **Quality Improvement:** Quality assurance of nursing care and care also involves continuous efforts to improve the quality of care. This can be done through training, coaching, competency development, and the use of scientific evidence and best practices in nursing practice.
4. **Patient Satisfaction:** Patient satisfaction is the main focus of quality assurance services and nursing care. Respecting the rights, preferences and needs of patients, as well as prioritizing effective communication,

empathy and managing patient complaints are important aspects of ensuring the optimal quality of nursing services.

5. **Health Team Collaboration:** Quality assurance of nursing services and care also involves close collaboration between nurses and other members of the health team. Collaboration, coordination and good communication between health teams can improve the quality of nursing services and optimal results for patients.
6. **Risk Management and Patient Safety:** Aspects of risk management and patient safety are also an important part of quality assurance services and nursing care. Identification, prevention and risk management as well as efforts to improve patient safety are key components in maintaining the quality of safe and quality nursing services.

B. Nursing Service Quality Indicators

An indicator is a way to measure the appearance of an activity and assess a change using an instrument. There are 6 main indicators of the quality of health services in hospitals, namely: patient safety, pain management and comfort, level of patient satisfaction, self-care, patient anxiety and patient behavior. Quality indicators used in the nursing room are divided into general indicators and specific indicators, both of which can be used for the level of utilization, quality, and efficiency of hospital services.

Each health agency will prioritize the quality of service compared to other things. The quality of service itself can be realized if each agency has roles and tasks by the profession. Every health professional must prioritize quality by providing optimal service to all patients.

A nursing service can be said to be good if the fulfillment of patient needs goes according to plan. This good service will create a culture of good handling for all patients. And will achieve the level of patient satisfaction at the highest standard.

The quality of nursing services is a measuring tool for the quality of health services and becomes one of the determining factors for the image of health service institutions in the community. This is because nursing is one of the professions with the largest number and is the closest to patients.

The quality of the nursing service itself can be seen from patient satisfaction with the services provided, satisfied or dissatisfied.

Nursing services must have good quality in their implementation. Among others are:

1. Caring is attitude shown by nurses to their patients. Nurses will always responsively provide care and nurses are easy to contact when patients need care.
2. Collaboration is an act of cooperation between nurses and other medical members, patients, patient families, and a team of nursing colleagues in completing patient planning priorities. Here the nurse is also fully responsible for healing and motivating the patient.
3. Speed, an attitude of nurses who are fast and precise in providing nursing care. Where nurses show an attitude that is not indifferent but will give a good attitude to patients.
4. Empathy is an attitude that must exist in all nurses. Nurses will always pay attention and listen to complaints experienced by patients. But the nurse is not sympathetic, so the nurse can guide the patient's trust.
5. Courtesy that exists in the nurse herself. Nurses will not tend to defend one side, but nurses will be neutral to whomever their patient is. The nurse will also respect the opinion of the patient, the patient's family, and other medical teams in terms of the patient's well-being and progress.
6. Sincerity is honesty within the nurse. Honesty is also one of the keys to the success of nurses in terms of caring for patients. The nurse will be responsible for the recovery and complaints experienced by the patient.
7. Therapeutic communication is one of the easiest ways for nurses to provide care. Because therapeutic communication itself is an effective way for patients to feel comfortable and more open with nurses.

Table 1. Main Categories and Examples of Each Category of Indicators for Nursing Clinical Services Accreditation

No	Main category	Example
1	Assessment	Comprehensive nursing assessment of the patient during the first 24 hour of admission
2	Diagnosis and Outcome Determination	Prioritizing diagnosis based on the interpretation of available data and the complexity and severity of a patient's condition
3	Planning	Revise the daily care plan according to the patient's condition?
4	Implementation	Implement intervention in line with the policy and procedures of the treatment centre and by the use of existing guidelines and instructions?
5	Evaluation	Participate with patients, families, healthcare providers and other team members in the evaluation process if required?
6	Documentation	Writes reports based on the correct principles of organizational policies and comply with its instructions?
7	Support	Provides supportive environment for families of dying patient, to express their grief?
8	Cultural Sensitivity	Respects to the cultural, ethnic, socio-economic, spiritual characteristics, religious and other needs of the patient?
9	Effective Communication	Assess and record patients' communication needs since admission to hospital?
10	Nutrition	Provides help for patients who are not able to eat?
11	Personal Hygiene	Collaborates with the patient and his family in making decisions and about personal hygiene as much as possible?
12	Patient Safety	Provides education to patients/families about ways to prevent the possibility of falling out of bed?

Source: (Poortaghi et al., 2020)

The quality of good nursing services is the forefront of services in hospitals. To realize quality nursing services, professional nurses must have

sufficient intellectual, technical, and interpersonal skills, and carry out care based on practice standards and based on legal ethics.

Based on the opinions of the three theories above, it can be concluded that a good nursing service must have certain principles. These principles can include caring, speed, collaboration, empathy, courtesy, and sincerity. In carrying out nursing services, nurses must also have good competency standards and be based on legal ethics in nursing.

C. Types of Quality Indicators of Nursing Services (Mugianti Sri, 2016), namely:

1. Types of Quality Indicators for Nursing Services in the Emergency Room (ER)
 - a. Number of delays to the first emergency service (> 5 minutes)
 - b. Infusion failure rate (> 2x)
 - c. Patient transfer error rate.
 - d. Blood sampling error rate.
 - e. Medication error rate.
2. Types of Quality Indicators for Nursing Services in Inpatient Installations
 - a. Phlebitis incidence rate.
 - b. Press ulcer incidence rate.
 - c. The incidence of patient falls.
 - d. Medication error rate.
 - e. The level of patient satisfaction with nursing services.
 - f. Blood sampling error rate.
3. Types of Quality Indicators for Nursing Services in the Intensive Care Unit
 - a. BGA sampling failure rate (> 3x).
 - b. Phlebitis incidence rate.
 - c. Decubitus incidence rate.
 - d. The incidence of patient falls.
 - e. Medication error rate.
 - f. The incidence of injuries due to restraints.
 - g. Incubation rate.

4. Types of Quality Indicators for Nursing Services in the Operating Room
 - a. Incidents of patient identification errors.
 - b. Incidents of lagging gauze.
 - c. The incidence of operation scheduling errors.
 - d. Incidents of missing instruments.
 - e. Medication error rate.
 - f. The incidence of patient falls.
 - g. Response time for emergency operating room preparation (< 60 minutes)
5. Types of Quality Indicators for Nursing Services in Outpatient Installations
 - a. Number of visit scheduling errors.
 - b. Action scheduling error rate.
 - c. The level of patient satisfaction with nurse services.

According to (Nursalam, 2014) a nursing service must have good quality in its implementation. Among others are:

- a. Caring is attitude shown by nurses to their patients. Nurses will always responsively provide care and nurses are easy to contact when patients need care.
- b. Collaboration is an act of cooperation between nurses and other medical members,
- c. Patient, patient's family, and a team of nursing colleagues in resolving patient planning priorities. Here the nurse is also fully responsible for healing and motivating the patient.
- d. Speed, an attitude of nurses who are fast and precise in providing nursing care. Where nurses show an attitude that is not indifferent but will give a good attitude to patients.
- e. Empathy is an attitude that must exist in all nurses. Nurses will always pay attention and listen to complaints experienced by patients. But the nurse is not sympathetic, so the nurse can guide the patient's trust.
- f. Courtesy is courtesy that exists in the nurse herself. Nurses will not tend to defend one side, but nurses will be neutral to whomever their patient is. The nurse will also respect the opinion of the patient, the

patient's family, and other medical teams in terms of the patient's well-being and progress.

- g. Sincerity is honesty within the nurse. Honesty is also one of the keys to the success of nurses in terms of caring for patients. The nurse will be responsible for the recovery and complaints experienced by the patient.
- h. Therapeutic communication is one of the easiest ways for nurses to provide care. Because therapeutic communication itself is an effective way for patients to feel comfortable and more open with nurses

D. Patient Satisfaction

One indicator of the success of nursing services is patient satisfaction. comprehensive satisfaction model with a main focus on the service of goods and services includes the following five assessment dimensions (Chen et al., 2022) medical institutes always focus on medical technicians, overall healthcare quality, and hospital brands, and the role of nursing seems to be underappreciated. Empirical evidence about the relationship between patient experience with nursing care and patient loyalty is limited, especially in the Chinese healthcare system. This study aimed to explore to what extent patient experience with nursing care influences patient loyalty to the hospital and the impact routes. Patients and Methods: This study is a multicenter cross-sectional survey. The STROBE was selected as the checklist in this study. Patient experience with nursing care, patient satisfaction and patient loyalty were collected from 1469 inpatients in three hospitals in China through a paper-based survey. Data were analyzed using SPSS and AMOS software; a structural equation model was established to explore the effect of patient experience with nursing care and satisfaction on patient loyalty using the PROCESS macro. Results: There were significant direct and indirect effects between patient experience with nursing care and patient loyalty, explaining 32.0% of patient loyalty variance. Patient experience with nursing care had a direct and positive impact on patient loyalty ($\beta=0.298$, $P<0.01$):

1. Responsiveness, namely the ability of nurses to provide services to patients quickly. In nursing services, the waiting time for patients

starting from registering until receiving services from health workers (nurses).

2. Re-ability, namely the ability of nurses to provide services to patients appropriately. In nursing services is the patient's assessment of the ability of health workers, especially nurses.
3. Assurance, namely the ability of nurses to provide services to patients so that they are trusted. In nursing services is clarity in providing information about the disease and its medication to patients.
4. Empathy, namely the ability of nurses to build relationships, care, and understand the needs of patients. In nursing services is to improve therapeutic communication in greeting and speaking, patient participation in making treatment decisions, and the patient's freedom to choose a place
5. Tangible (direct evidence), namely the availability of facilities and amenities directly felt by the patient. In nursing, service is the success of providing care while the patient is being treated and the speed of the nurse when the patient needs it.

SUMMARY

Quality control provides managers with the opportunity to evaluate organizational performance from a systematic, scientific and objective viewpoint. To do so, managers must determine what standards will be used to measure quality care in their units and then develop and implement quality control programs that measure results against those standards. All managers are responsible for monitoring the quality of the product that their units produce; in health-care organizations, that product is patient care. Managers too must assess and promote patient satisfaction whenever possible.

FORMATIVE TEST

Please answer the questions below!

1. What is the different of quality assurance services and nursing care?
2. What are the indicators of quality of nursing services?
3. What is definition of the patient satisfaction?
4. How the quality audit system

5. How the work report

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